



Madison County
Emergency Action Plan for
Coronavirus (SARS-CoV2) "COVID-19"

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Acknowledgements

The following Madison County Employees were instrumental
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1.0.0 PURPOSE

The primary purpose of this Madison County Emergency Action Plan for Coronavirus (SARS-CoV2) "COVID-19" is to enable Madison County employees and others to better understand and identify our local capabilities in the area of management and mitigation related to this virus.

The Center for Disease Control (CDC) is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China. For a point of clarification to the reader, the virus has been named "SARS-CoV2" and the disease it causes has been named "Coronavirus disease 2019" (abbreviated "COVID-19"). For the purpose of this document, we will refer to this public health concern simply as "COVID-19".

COVID-19 causes respiratory illness in humans. Symptoms can include fever, cough and shortness of breath. Severe cases can cause pneumonia, severe acute respiratory syndrome, kidney failure and death. Symptoms may appear from 2-14 days after initial exposure. [Please keep in mind a person can be contagious and exhibit no symptoms.](#)

Individuals can contract the virus from others. The virus can spread from person to person via droplets from the mouth or nose. The droplets spread when a person coughs or exhales, then land on objects or surfaces around that person. The virus can then spread to others that touch those same objects or surfaces, then touch their own eyes, nose or mouth. Individuals can also catch the virus if they breathe in droplets from an infected person in very close proximity that coughs out or exhales. [Therefore, it is important to stay at least 6 feet away from any persons that are sick and exhibiting flu like symptoms. Social distancing is the key to mitigating disease spread.](#)

2.0.0 MADISON COUNTY OPERATIONS

All Madison County department heads, who are responsible for managing and supervising County employees, are expected to maintain operations such that required services are provided to Madison County residents and business operators. Everyone is aware that conditions imposed by COVID-19 will with us for the foreseeable future. As such, department heads are expected to inventory and review the missions and expectations of their respective areas of responsibility, take stock of the resources available, and plan for the [duration of the pandemic, however long that may be.](#)

As of the date of this Plan,

- Public [in-person](#) meetings involving bodies appointed by the Board of Supervisors [shall be postponed or cancelled whenever practical and if deemed necessary will be conducted with the support of electronic telecast practices in an effort to keep attendance at acceptable levels.](#)
- Internal meetings, interagency meetings and regional meetings should be conducted via conference call or video conferencing when practical so as to reduce the need for in-person sessions. [In the event an in-person meeting is required, no more than 10 persons should be in the same room.](#)
- Travel outside the County should be limited to the degree practical. Participation in any County business activity that involves overnight stays outside the County [is restricted](#) such that it must be reapproved on a case-by-case basis by the employee's supervisor.

- County operations are to be conducted by phone, email, or fax whenever practical. If electronic communication is not practical, business should be via drop boxes and regular mail. Most offices should **discourage** walk-in traffic such that in-person contact **will** be conducted on a pre-arranged appointment basis. To reduce the potential for contaminating workspaces, in-person meeting should be conducted outside of County buildings where practical.
- Supervisors have the latitude to rearrange work schedules for their subordinate employees and allow work from home as circumstances in their individual offices allow. This is to be at the discretion of the supervisor **and subject to the Telework Policy (see Appendix D)** and is not to be considered an employee's right.
- **Non-emergency services employees are not mandated to wear masks but are encouraged to wear homemade or manufactured masks intended to help limit the spread of the disease where appropriate.**
- **Assignment and/or issuance of items that are in short supply is to be coordinated by the Emergency Services Coordinator who will determine need based on requests from department heads and the Chief of Emergency Medical Services. No short supply items owned by Madison County or purchased with Madison County funds are to be distributed unless approved by the Emergency Services Coordinator.**

2.1.0 RECOMMENDED STRATEGIES FOR EMPLOYERS TO USE NOW

The CDC has issued guidance for employers to use during COVID-19. This includes the following:

- Actively encourage sick employees to stay home:
 - Employees who have symptoms of respiratory illness and fever will stay home and not come to work until they are free of a fever of (100.4 F or greater using an oral thermometer). Employees that develop flu like symptoms are encouraged to consult with their physicians first by phone, as local health care facilities have implemented appropriate screening procedures related to the prevention of COVID-19 spread.
 - Employees should not return to work until they are completely free of any flu like symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medications. Employees should immediately notify their supervisor of any sudden onset of flu like symptoms and stay home if they are sick.
 - An employee who exhibits these symptoms while at work shall leave immediately until the above guidelines are met.
- Employees who are not ill but have sick relatives that meet the criteria as listed below, are at a higher risk of infection from COVID-19:
 - Fever or signs/symptoms of lower respiratory illness and has had close contact with a laboratory confirmed case of Coronavirus patient within 14 days of symptom onset.
 - A history of travel from affected geographical areas within 14 days of symptom onset.
 - Fever with severe acute lower respiratory illness requiring hospitalization and without alternative explanatory diagnosis.

- Employees should notify their supervisor of such sickness of a relative that meet these criteria and follow the special considerations as set forth by the CDC in terms of preventative measures relating to possible exposure and further transmission of the virus.
- The CDC guidance and recommendations are subject to change. For this reason, it shall be the responsibility of the County to ensure that [these policies](#) remain up to date on the current and latest guidelines and recommendations that the CDC has posted.
- Please use the following web link for the latest guidelines:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

2.2.0 EMPLOYER CONSIDERATIONS FOR MADISON COUNTY EMPLOYEES

Madison County will implement strategies to protect their workforce from COVID-19 while also ensuring continuity of operations. In the event of a local COVID-19 outbreak, all sick employees should stay home and away from the workplace.

1. [Madison County will follow the Families First Coronavirus Response Act \(FFCRA\) except as outlined below. All COVID-19 leave is to be justified by appropriate documentation and is subject to approval by management. The form in Appendix C, routed to the payroll office along with time sheets and “leave report” forms after completion, is to be used to facilitate the administration of this program.](#)
2. In the event an employee is sent home on orders from a Virginia Department of Health official or by the County Administrator upon recommendation of their supervisor after suspected exposure to COVID-19, they shall receive their regular pay and will not be required to use paid leave time.
3. Due to the nature of the work performed by Madison County public safety employees/volunteers (EMS, Fire, Law Enforcement, Public Safety), they are more likely than the general public to be exposed to workplace hazards, including viruses like COVID-19. It is important to remember these teams face far greater risk daily and Madison County administration fully supports their health and safety. Staff are hereby reminded of the available benefits and services, such as Employee Assistance Programs, Short-Term Disability, and available paid time off should they wish to utilize them during this stressful time.
4. Departments such as the Madison County Department of Emergency Medical Services may implement more restrictive measures, such as requiring a fitness for duty certificate, due to the specific duties that are required of their personnel and the recommendations via the CDC.
5. [All full-time essential employees are reminded they may be called back to work during this activation of the Emergency Action Plan for COVID-19.](#)
6. An employee may be allowed to telecommute or work flexible hours during this activation of the Emergency Action Plan for COVID-19 if he/she or a family member becomes ill. Departments are encouraged to make every effort possible to accommodate these reasonable requests.

2.3.0 PREVENTION

1. All employees are expected to cooperate by taking steps to reduce the transmission of COVID-19:
 - a. Practice physical distancing (at least 6 feet when at all possible).
 - b. Frequent hand washing with warm, soapy water
 - c. Covering mouth and nose with tissues when sneezing
 - d. Avoid touching eyes, nose and mouth
 - e. Frequently wiping common areas with wipes that contain at least a 60% alcohol base. EMS employees must use an EPA list N product.
2. If an employee is confirmed to have tested positive for COVID-19, employers should inform employees of their possible exposure to the virus in the workplace, but the County's ability to do this is limited if it is to maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to the CDC guidance for how to conduct a risk assessment to their potential exposure.

Madison County relies on advice from the Centers for Disease Control and Prevention (CDC), the Virginia Department of Health and emergency management professionals and reserves the right to amend this plan at any time. Any changes to this plan will be communicated to employees in a timely fashion.

2.4.0 DETECTION AND TESTING

1. This plan will follow the Virginia Department of Health's most current algorithm on testing for COVID-19 and is subject to change. For questions regarding the latest updates and recommendations please contact the following:

The Virginia Department of Health (24hr.)	866-531-3068
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Madison County Health Department	540-948-5481
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2. Currently, in our region, testing for COVID-19 would generally be requested and initiated by either an authorized VDH representative or local physician after he or she determines that there is a patient that meets the criteria for suspected infection as outlined by the CDC and the VDH. Medical Centers, Urgent Care Centers, and local Health Departments are not equipped with multiple tests kits "at the ready". Physicians can instead request a test kit from the VDH if they determine a need for testing a patient.

If a patient does present with flu like symptoms but does not meet the specific criteria for COVID-19 testing, they may simply be treated for the flu. **It is important to stress that there are still many recorded cases of seasonal flu that have no correlation with COVID-19. While COVID-19 shares many of the same signs/symptoms as the flu, a presentation of those similar signs/symptoms does not immediately indicate a COVID-19 infection.**

Therefore, the County is encouraging everyone to follow the guidance and recommendations from the CDC, the VDH and local physicians. Follow the appropriate preventative measures, then consult with a health care provider. Again, those

recommendations and guidance are subject to change, so employees are encouraged to stay informed.

3. This plan will be revised to reflect any changes to the CDC or VDH guidelines or recommendations regarding prevention, detection or testing for COVID-19.

2.5.0 SUPPORT FOR QUARANTINED CITIZENS

1. If a citizen or citizens are recommended to “self-quarantine” at home, some may require special assistance and support during that quarantine time such as:
 - a. food
 - b. medical supplies or medications
 - c. oxygen
 - d. cleaning and decontamination supplies
 - e. a host of other special needs or considerations depending on the individual.
2. If certain necessary needs cannot be met by a family member or friend to the patient in quarantine, coordination to provide support to those individual citizens will begin between Madison County Emergency Management and Madison County Department of Social Services.

2.5.1 QUARANTINE CONSIDERATIONS

A quarantine is recommended during the COVID-19 Health concern per the following:

1. A “Self-Quarantine” recommendation guideline was released by the CDC and is applicable to the following individuals:
 - Any individual returning from a country listed as Level 3 on the CDC’s COVID-19 travel advisory page. If you are returning from one of these countries, you should stay at home – in your room, your apartment, or your house. Do not go to work, classes, athletic events, or other social gatherings until 14 days after the date of your departure from the country in question.
 - Any individual that has been identified as having had contact with another person or persons who have tested positive for COVID-19. These individuals may be asked by health officials to follow the same “Self-Quarantine” recommendations as listed above.
 - Any individual who has tested positive for COVID-19 should follow the specific recommendations of both their health care provider, the VDH and the CDC. Each individual case of confirmed COVID-19 will be evaluated and specific recommendations for care will be provided to those patients. Considerations will be given to the severity of the disease and the illness signs and symptoms of each case. “Self-Quarantine” at home may be recommended for patients diagnosed with COVID-19 that have exhibited only mild signs/symptoms and only require supportive self-care. If a patient exhibits more severe signs/symptoms that require more intense monitoring and support by health care providers, a recommendation to hospitalize the individual may be necessary.
2. In the event that an individual has been recommended to “Self-Quarantine” by a Health Official, that individual’s confidentiality shall still be protected by the Americans with Disabilities Act (ADA). Their personal information and the geographical location of their

“quarantine” will and should only be disseminated to specific personnel within the health district, the VDH, the CDC, the Department of Human Services (if necessary) and the Emergency Manager and Emergency [Services](#) Coordinator.

3.0.0 DEPARTMENTAL OPERATIONS

3.1.0 EMERGENCY COMMUNICATIONS (E911)

3.1.1 SCREENING

[The](#) Madison County Public Safety Answering Point (PSAP) has implemented Emergency Medical Dispatch (EMD) questions to assist with the screening of citizens/visitors that place a call to 911 for illness related concerns. A series of specific questions will be asked to the caller to determine a potential exposure to COVID-19. If the criteria are met, the E911 dispatcher will notify first responders prior to their arrival to the location, so that proper personal protective equipment (PPE) can be utilized to reduce the responder’s risk of possible exposure.

3.1.2 PREMISE ALERTS

For the purpose of protecting our local first responders, our E-911 Dispatch Center can be provided with information that can be utilized to place what is called a “Premise Alert” on certain locations and addresses within our County. This “Premise Alert” would display on a dispatcher’s screen, with special instructions and/or information for first responders that is relevant only to that address should they be dispatched for an emergency call to the location.

In the event of a quarantine, the Emergency Management officials and E-911 in the County will coordinate with the VDH and the CDC to obtain pertinent information regarding these “quarantine” locations in order to apply the appropriate “Premise Alerts” for first responders.

For the purpose of this specific plan, premise alerts specifically related to COVID-19 quarantine locations and patients shall only be initiated by the Madison County Emergency Services Coordinator, or the Director of the E-911 Communications Center, once proper notification and confirmation has been made by the VDH or the CDC.

3.2.0 MADISON COUNTY EMERGENCY MEDICAL SERVICES

The emergency medical resources in Madison County are comprised of a combination system that includes both volunteer and career EMS providers. There are currently two Departments in Madison County that provide emergency response and transport to the community:

Madison County Department of Emergency Services	(540) 948-4813
Madison County Volunteer Rescue Squad	(540) 948-5353

Madison County Volunteer Rescue Squad (MCRS) will not respond to suspected COVID-19 cases. MCRS remains committed to responding to other non-related medical/trauma calls for service. [Due to the non-specific presentation of COVID-19, MCRS leadership has been advised to provide and train all volunteer responders on appropriate PPE use. All EMS providers\(volunteer/career\) shall don/doff appropriate PPE as recommended by the CDC when at all possible. It is recognized there is a nationwide shortage of available PPE. Documentation of PPE worn shall be listed on all EMS patient care reports.](#)

The Madison County Fire Department (MCFD) has Emergency Medical Technicians (EMT’s) on its membership rosters. Though by definition, MCFD does not house ambulances or provide

direct EMS services to the County, it has available resources that can be utilized during certain emergency medical scenarios. An approved exemption from the Virginia Office of Emergency Medical Services will be required prior to implementation.

Madison County Volunteer Fire Department

(540) 948-6660

To ensure that a coordinated response effort is supported, the most current CDC guidelines on emergency medical response to COVID-19 will continue to be disseminated through all first response departments in Madison County. These departments will also continue to receive all relevant materials from the VDH and the Thomas Jefferson EMS Council regarding EMS first responders.

3.2.1 RESPONSE - MEDICAL AND HEALTH

Mission - To provide health and medical services to the residents of Madison County, during and/or after an emergency. For the purposes of this Plan, the mission will be to appropriately gauge the need and/or demand for those services during this health concern and to appropriately mitigate available resources as needed.

Purpose - The purpose shall be to guide a coordinated response to a potential communicable disease health concern for the County. This coordinated response should include the input and cooperation of all appropriate local, state and federal partners in order to ensure a comprehensive plan.

Actions - The Madison County Department of Emergency Services and Emergency Management will continue to coordinate with all appropriate local, state and federal agencies to ensure a cohesive response matrix to address COVID-19 in our community. This medical and health response matrix will include the following agencies:

- Madison County Office of Emergency Services and Emergency Management
- Madison E-911 Dispatch
- Madison County Health Department
- Madison County Public Schools
- Virginia Department of Health
- Rappahannock Rapidan Health District
- Novant Health UVA Culpeper Medical Center
- Martha Jefferson Free Standing (Emergency Department)
- Martha Jefferson Hospital
- University of Virginia Medical Center (Hospital)
- Centers for Disease Control and Prevention
- Department of Human Services
- American Red Cross
- Virginia Department of Emergency Management

3.2.2 RESPONSE GUIDELINES FOR COVID-19

1. If a responding EMS unit is notified via E-911 Dispatch that a caller has met the specific criteria for suspected COVID-19, all crew members on the unit will follow the recommended protocol for proper PPE as provided by the CDC and the VDH before contact with the patient is made.

2. If during a patient assessment and interview, an EMS provider identifies that a patient meets the specific criteria for suspected COVID-19, the EMS provider should immediately apply the recommended and appropriate PPE.
3. If any patient meeting the criteria for suspected COVID-19 is to be transported to a hospital, it shall be the responsibility of the attendant in charge (AIC) on the EMS unit, to properly notify the receiving hospital via the radio or mobile phone while providing the pre-hospital patient care report. All EMS providers should also be familiar with their local receiving hospital's own protocols for receiving patients with suspected COVID-19 symptoms. It shall be the responsibility of each department's supervisor to ensure that every EMS provider on their roster is familiar with their local hospital's protocols for receiving patients exhibiting signs/symptoms of COVID-19.
4. [A COVID-19 EMS Transport/Home Care Guideline has been developed and may be implemented following consultation with the EMS Medical Director.](#)
5. For the immediate scope of this plan for Madison County, all patients transported by Madison County EMS agency are generally transported to one of the four following hospitals:

Novant Health UVA Culpeper Medical Center	(ED) 540-829-4189
Martha Jefferson Free Standing ER	(ED) 434-654-8500
Martha Jefferson Hospital	(ED) 434-654-7150
University of Virginia Medical Center	(ED) 434-924-9287
6. Should an EMS provider in Madison County suspect they have been exposed to "direct" and/or "unprotected" contact with a patient that meets the criteria for COVID-19, they shall immediately contact their supervisor and Designated Infection Control Officer for guidance. It shall be the responsibility of the on-duty supervisor to ensure every EMS provider on their roster has been properly trained on the appropriate notification and reporting processes as outlined in the Department's Infection Control Plan.
7. Existing guidelines regarding decontamination should be reviewed by all EMS agencies. Current CDC guidelines indicate all EMS units should be stocked with an EPA approved list N disinfectant for the decontamination of EMS units. The patient transport compartment of every EMS unit (ambulance) should be decontaminated after every patient transport and before another patient is transported in the same EMS unit. It shall be the responsibility of each department's EMS supervisor to ensure that every EMS provider on their rosters are educated on proper decontamination procedures and that the appropriate decontamination products are available to their providers.

3.2.3 RESPONSE MISSION SUMMARY

Ongoing coordination and information sharing between all responding organizations regarding the COVID-19 health concern, shall be considered a primary preventative and supportive response action for the community. The Madison County Department of Emergency Services and Emergency Management will continue to disseminate the latest information, recommendations and guidelines from the CDC and VDH regarding this virus as we learn more.

In regards to immediate first line response to (patients that meet the specified criteria for suspected infection), Madison County will continue to ensure that all responders are aware of the specific protocols related to personal protection, preventative measures for disease spread and proper notification as recommended by the CDC and VDH.

In the event that either sheltering and/or quarantine measures need to be established, Madison County will work directly with the CDC, VDH, ARC, Madison Health Department and Madison Social Services to establish appropriate locations and support measures.

3.3.0 EMERGENCY MANAGEMENT

Mission - In times of emergency, the mission is to direct and control emergency operations, assure the implementation of actions as called for in an emergency action plan, disseminate emergency information to the public and coordinate efforts with all local, state and federal entities.

Purpose - The Madison County Department of Emergency Management is responsible for the development and maintenance of the County emergency operations plan. In this circumstance related to the COVID-19 health concern specifically, the Madison County Department of Emergency Management will develop, manage and mitigate a basic emergency action plan (EAP) to be used as a guideline to help identify local resources and operational guidelines.

Action - The Madison County Department of Emergency Management will ensure that all actions pertaining to an active emergency action plan will be executed. In the event of a local declaration of emergency, the Emergency Services Coordinator will manage all County emergency response and resource efforts related to that specific emergency.

For the purpose of this plan, a coordinated emergency response has been initiated between the following agencies:

- Madison County Department of Emergency Services
- Madison County Volunteer Rescue Squad
- Madison E-911 Dispatch
- Madison County Volunteer Fire Department
- Madison County Health Department
- Virginia Department of Health - Rappahannock Rapidan Health District
- Novant UVA Madison Medical Center
- Martha Jefferson Free Standing ER
- Martha Jefferson Hospital
- University of Virginia Medical Center
- Centers for Disease Control and Prevention
- Department of Social Services
- American Red Cross
- Madison Sheriff's Office
- Madison County Board of Supervisors
- Madison County Public Schools
- Virginia Department of Emergency Management (VDEM)

3.3.1 EMERGENCY OPERATIONS CENTER (EOC)

In certain circumstances, it may be necessary to activate the Madison County Emergency Operations Center (EOC). This center acts as the operations hub for communication and the coordination of resources needed to mitigate and manage an emergency response. During an (EOC) activation, that coordination is managed by the Emergency Services Coordinator.

Madison County Emergency Services Coordinator: John Sherer (M540/383-2057)

3.3.2 RESOURCE MANAGEMENT

Mission:

- Identify, procure, inventory and distribute critical resources for Madison County during an emergency.

Purpose:

- Madison County will determine what resources are available and identify potential sites for receiving, storing and distributing resources if outside assistance is needed.
- Resource support may continue until the disposition of excess and surplus property is completed.
- During an incident, if demand for resources exceeds the locality's capabilities, then outside requests will be made based on memorandum of understanding (MOU), mutual aid agreements and local/state policy.

Actions:

- Madison County will use their own resources and equipment during incidents.
- Department heads involved in distributing and/or obtaining resources will be aware of emergency procurement policies and have the authority to do so in an emergency situation.
- Each department with an emergency management role will be responsible for identifying its resources that could be used in an emergency. These resources shall be made available to the Emergency Coordinator.
- The Emergency Operations Plan (EOP) reflects state policy, regarding requesting sources.

An essential function of Emergency Management is to monitor and gather the necessary resources needed to manage a local response. If local resources become depleted or unavailable, the Emergency Services Coordinator will then coordinate with the Virginia Department of Emergency Management (VDEM) directly in an attempt to secure additional resources via the state or federal government.

Considerations for additional resources may include but are not limited to:

- Food and lodging
- First aid medical
- Goods and services
- Transportation
- Communications

3.3.3 MISSION SUMMARY

The Madison County Department of Emergency Management will coordinate with all local state and federal agencies necessary to request the specific resources needed to manage and mitigate a response to COVID- 19. It shall be the responsibility of all local cooperating departments and agencies to notify the Madison County Emergency Services Coordinator, when or if additional resources are needed to support their specific mission. During an active emergency response, the Emergency Services Coordinator may routinely inquire as to the anticipated needs for each

department or agency listed as an emergency support function for this emergency action plan (EAP).

3.3.4 MASS QUARANTINE/SHELTERING

1. If health officials recommend the quarantine of groups of individuals into one singular location, there will be a coordinated response involving Madison County Emergency Management, the VDH, the CDC and the Madison County Department of Social Services.
2. The Madison County Emergency Operations Plan does contain pre-identified and approved designated sheltering locations for groups of individuals. A decision to utilize any of those locations for the purpose of “medical quarantine” however, must be specifically approved by the VDH and the CDC.
3. In the event that a need should arise for a group quarantine location that has not already been pre-identified as one of the sheltering locations in the EAP, Madison County Emergency Management will coordinate with the VDH, CDC and the Department of Social Services to secure an appropriate location.
4. Group sheltering operations already require support and coordination between several specific agencies to meet the needed expectations. A medical quarantine scenario that also requires sheltering, will require an even wider response, management and mitigation matrix. That matrix could expand to include several different departments and agencies. At a minimum, the following agencies would most certainly need to be a part of that matrix:

Madison County Department of Emergency Medical Services
VDH
CDC
Madison Health Department
Madison Department of Social Services
Rappahannock Rapidan Health District
American Red Cross
Novant Health UVA Madison Medical Center
Madison County Public Schools
Madison County Sheriff’s Office
Virginia Department of Emergency Management

3.4.0 EMERGENCY PUBLIC INFORMATION OFFICER

Public Information Officers (PIOs) are the communication coordinators or spokespersons of certain governmental organizations. The primary responsibility of a PIO is to provide information to the public and media as necessary and to meet the legal requirements.

Emergency Services Coordinator is the designated Public Information Officer (PIO) for Madison County. In the event the Emergency Services Coordinator is quarantined or otherwise not available, the PIO will be Jack Hobbs, Madison County Administrator. [All communication involving COVID-19 by County employees, including e-blasts, web site postings, Facebook, and other electronic media operated or funded by Madison County– is to be approved in advance by the PIO.](#)

Mission - Provide for efficient and coordinated continuous flow of timely information and instructions to the public, using all available communications media prior to, during and following an emergency related to SARS- CoV2.

Purpose - To establish and provide the mechanism to organize, integrate and coordinate information to ensure timely, accurate, accessible and consistent messaging across multiple jurisdictions and or disciplines with non-governmental organizations and the private sector.

Actions:

- Develop standard operation procedures (SOPs) to carry out the public information function.
- Develop rumor control procedures.
- Prepare advance copies of emergency information packages for release through the news media during actual emergencies.
- Brief local news media personnel, community officials, local, state and federal agencies of external affairs policies, plans and procedures.
- Maintain current lists of radio stations, televisions stations, cable companies, websites, and newspapers to be utilized for public information releases.
- Maintain arrangement to provide a briefing room for the media in the vicinity of the EOC.
- Assist with the preparation/ transmission of emergency alert system messages, if needed.
- Disseminate news releases and daily situation reports from the state EOC via the agency's website.
- Disseminate information to the elected officials through legislative liaison function.
- Plan and organize news conferences with the Governor's staff if necessary.
- Provide information to the public about available community relief assistance and mitigation programs.

Disclaimer: This basic emergency action plan for Madison County regarding COVID- 19 is subject to changes, revisions and further expansions as deemed necessary to identify more specific needs should they become necessary. Revisions to this plan may be initiated through a coordinated effort between the Madison County Emergency Coordinator, County Administrator, Chief of EMS, the Centers for Disease Control and Prevention and the Virginia Department of Health.

Appendix A – Contact List

Name	Agency, Title	e-mail	Telephone
Jack Hobbs	MC County Administrator	jhobbs@madisonco.virginia.gov	540-948-7500 ext 1100
John Sherer	MC Emergency Services Coordinator	jsherer@madisonco.virginia.gov	540-383-2057
Sam Good	Deputy MC Emergency Services Coordinator	sgood@madisonco.virginia.gov	540-661-8333
Noah Hillstrom	MC Chief of EMS	nhillstrom@madisonco.virginia.gov	540-948-4813 540-718-6643
Brian Gordon	MC PSAP, 911 Director	bgordon@madisonco.virginia.gov	434-242-5576
Troy Coppage	Chief, Madison County Vol. Fire Company	troyc@clore.furniture	540-218-3747
Erik Weaver	MC Sheriff	mcsheriff@madisonco.virginia.gov	540-948-5161
Valarie Ward	MC Social Services, Director	valerie.ward@dss.virginia.gov	540-948-5521
Kathy Hatter	Rappahannock Rapidan Health Department, Health Emergency Coord.	kathy.hatter@vdh.virginia.gov	540-718-1851
Mark Stone	VDEM Regional Manager	mark.stone@vdem.virginia.gov	804-774-9271
Alexa Boggs	VDEM Disaster Response Officer	alexa.hussar@vdem.virginia.gov	804-624-1110
Thomas Joyce	TJEMS, Director	tjoyce@vaems.org	540-222-3277

Appendix B – Public Statement on Emergency Action Plan

The first and most important message that The Madison County Board of Supervisors and all local government agencies would like to express to our citizens, is to encourage them to “Not Panic” at the news that the state of Virginia has confirmed positive cases of the Coronavirus.

County Officials are very closely monitoring this situation and are simply encouraging people to remain calm and follow the CDC recommendations for prevention.

The Madison County Department of Emergency Management has developed an emergency action plan to further assist the coordinated local efforts to address the health concerns related to COVID-19. This coordinated effort includes the cooperation and involvement of several local, state and federal partners and is aimed at providing the most cohesive approach possible to establishing a specific management and mitigation plan to organize all resources that could potentially be needed for our County in the event that we encounter an exposure to COVID-19 locally.

This specific emergency action plan will act as an extension of the existing Madison County Emergency Operations Plan (EOP) for the purpose of management and mitigation during this health concern. The plan addresses matters related to medical and health response, emergency management, resource management, mass care, quarantine, and public information dissemination.

This plan will be disseminated and shared amongst all departments and agencies that provide direct supportive and response services to the citizens of Madison County. Some strategic considerations will be presented in the plan, and it will include the latest recommendations and guidelines as set forth by the Centers for Disease Control and Prevention and the Virginia Department of Health.

The purpose for this emergency action plan is to merely initiate a proactive planning and collaborative approach between all appropriate departments and agencies in the County. At this time the scope of this plan is aimed at “Education and Prevention”.

It is important to stress that there are still many recorded cases of seasonal flu that have no direct correlation with COVID-19. While COVID-19 shares many of the same Signs/Symptoms as the flu, a presentation of those similar Signs/Symptoms does not immediately indicate a COVID-19 infection. Therefore, we are encouraging everyone to follow the guidance and recommendations from the CDC, the VDH and the local Physicians. Follow the appropriate preventative measures, then consult with a health care provider. Again, those recommendations and guidance’s are subject to change, so stay informed.

For the latest on prevention and treatment for COVID-19 please go to the following website:

<https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>

For the latest on preparing your workplace for COVID-19 please go to the following website:

<https://www.osha.gov/Publications/OSHA3990.pdf>

Appendix C – Families First Coronavirus Response Act Policy

Effective April 1, 2020 through December 31, 2020

I. PURPOSE

The Families First Coronavirus Response Act (FFCRA or Act) requires Madison County to provide employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

II. SCOPE

The policy provisions for emergency paid sick leave applies to all employees regardless of their position status or length of employment with Madison County Government. The expanded family and medical leave apply to all employees who have been employed for at least 30 days prior to their claim for leave.

III. DEFINITIONS

A. Emergency Paid Sick Leave

- Paid leave under the Emergency Paid Sick Leave Act.

B. Expanded family and medical leave (EFMLEA)

- Additional provisions under the Emergency Family and Medical Leave Expansion Act.

C. Eligible employees

- All employees which includes full-time permanent, full-time temporary, part-time permanent and part-time temporary positions. To be considered an eligible temporary employee, the employee has to have worked (intermittently or continuously) between February 1, 2020, and March 31, 2020.

IV. PROCEDURES

A. Emergency Paid Sick Leave:

1. All eligible employees may receive:

- a) Two weeks of emergency paid sick leave at the employee's regular rate of pay and regular work hours per pay period where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis up to \$511 per day, whichever is less; or
- b) Two weeks of emergency paid sick leave at two-thirds the employee's regular rate of pay up to \$200 per day (whichever is less) because the employee is unable to work because of a bona fide need to care for a qualifying family member subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or care for their own child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

- c) Part-time employees are eligible for leave hours equal to the average number of hours for any pay period calculated from the hours worked over the six month period of October 1, 2019 through March 31, 2020.
- B. Emergency Family Medical Expansion Act Leave:
 - 1. Employees that have been employed for at least 30 days prior to their claim for leave may receive EFMLEA leave.
 - a) Up to 12 weeks of EFMLEA leave where an employee is unable to work due to a bona fide need for leave to care for their own child under the age of 18 whose school or child care provider is closed or unavailable for reasons related to COVID-19.
 - b) The first 10 days of leave under this EFMLEA leave is unpaid. The employee may opt to use any accrued leave or emergency paid sick leave for this 10-day period.
 - c) After the first 10 days, the employee may receive two-thirds of the employee's regular rate of pay up to \$200 per day, whichever is less.
 - d) This EFMLEA leave is not in addition to any FMLA leave the employee is permitted to take. The employee is not entitled to exceed more than 12 weeks of combined EFMLEA and FMLA leave over a 12-month period.
- C. The County's Responsibility under the Families First Coronavirus Response Act
 - 1. The County is required to provide all full-time employees with up to 80 hours of emergency paid sick time and part time employees with paid sick leave on a pro-rated basis for a specified qualified reason related to COVID-19.
 - 2. Employees in temporary or other positions whose hours vary will receive pay equivalent to their average earnings per pay period over the six-month period of October 1, 2019 and March 30, 2020.
 - 3. The first 10 days of EFMLEA leave will be taken as unpaid leave, or the employee can substitute emergency paid sick leave or any accrued personal, sick or annual leave for the unpaid portion. The County will provide paid leave for the subsequent 10 weeks of leave at a rate that is capped at \$200/day and \$10,000 in total.
 - 4. These provisions are available in addition to all other Madison County paid leave policies.
 - 5. The County cannot require employees to use other paid leave before using the emergency paid sick leave provided by this law. Additionally, Madison County cannot require employees as a condition of providing emergency paid sick leave that the employee finds a replacement to cover their hours.

COVID-19 Leave Form

Families First Coronavirus Response Act (FFCRA)

Effective April 1, 2020 – December 31, 2020



Employee Name: _____ **Department:** _____

Leave Dates Requested: _____

<i>Reason for Leave</i>	<i>Type of Leave</i>	<i>Pay Structure</i>
1. Quarantine or isolation order.	<input type="checkbox"/> Continuous	100% of pay (capped at \$511/day)
2. Advised by health care provider to self-quarantine.	<input type="checkbox"/> Continuous	100% of pay (capped at \$511/day)
3. Experiencing symptoms of COVID-19 and seeking medical diagnosis.	<input type="checkbox"/> Continuous	100% of pay (capped at \$511/day)
4. Caring for a qualifying family member subject to a quarantine or isolation order, or who has been advised by a health care provider to self-quarantine.	<input type="checkbox"/> Continuous	67% of pay (2/3) (capped at \$200/day)
5. Caring for own child whose school or place of care has closed, or whose care provider is unavailable due to COVID-19.	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	67% of pay (2/3) (capped at \$200/day)
6. Experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	67% of pay (2/3) (capped at \$200/day)

If leave is taken for reason #4 - #6, would you like to use your personal leave to supplement the remaining 1/3 of leave? ☐ Yes ☐ No

If so, what type of leave would you like you use? (circle one) **Annual Leave** **Comp Time** **Holiday**

Employee Signature: _____ **Date:** _____

****supporting documentation must be submitted with form****

Approval Signatures	Date
Supervisor:	
County Administrator:	

APPENDIX D – Telework Policy

Purpose

The purpose of this policy is to establish the guidelines for employees who participate in the county's telework program. This policy permits Madison County Government departments and/or agencies to designate employees to work at alternate work locations for all or part of their workweek in order to promote general work efficiencies.

Scope

This policy applies to all Madison County employees.

Compensation and Benefits

The Employee's compensation, benefits, work status, and work responsibilities will not change due to participation in the teleworking program. The amount of time the employee is expected to work per day or pay period will not change as a result of participation in the program.

Eligibility

Not all jobs can be performed from off-site locations. In general, positions requiring face-to-face interaction with customers are not suitable for telecommuting arrangements. Employees will be selected based on the suitability of their jobs, and evaluation of the likelihood of their being successful teleworkers and the approval of their supervisor. Each department will be responsible for successful results.

Equipment/Material

The County will provide equipment to use in fulfilling job responsibilities from a remote location. Equipment may include a computer and necessary software. Other equipment, supplies, telephone service, and internet access is the responsibility of the employee.

The use of equipment, software, data and supplies provided by the County for use at the remote work location is limited to authorized persons and for purposes relating to County business only.

Any County materials taken home should be kept in a designated work area and not be made accessible to others.

Worker's Compensation

Telecommuters will be covered by the County's worker's compensation insurance (VACORP) during work hours and while performing work functions. The employee shall immediately notify the Department head of any accident or injury that occurs at the alternate work location.

Work Hours

The employee's telecommuting work hours will conform to a schedule agreed upon by the employee and his or her supervisor. In general, it is expected that the employee's work hours will be the same as before they began telecommuting.

Dependent Care

Telecommuting is not a substitute for dependent care. Telecommuters must be free to perform their job responsibilities during their work schedule. However, reasonable allowance can be made for dependent care in certain circumstances at the discretion of the employee's supervisor as long as job performance is not affected. Dependent care must not interfere with scheduled meetings and interactions.

Income Tax

It will be the employee's responsibility to determine any tax implications and maintaining a home office. The County will not provide tax guidance nor will the county assume any additional tax liabilities. Employees are encouraged to consult with a qualified tax professional to discuss income tax implications.

Communications and Meetings

Employees must be available by telephone, videoconferencing, and email during their scheduled work hours. Employee must be available for in-person staff meeting at the county and other events deemed necessary by management.

Security

All files, documents, records, and other materials created by the telecommuting employee are property of the County, just as they would be if created on-site. The employee and supervisor must ensure that appropriate safeguards are used to protect the security and confidentiality of such information, either by restricting certain information or records to the regular worksite or by providing appropriate physical, administrative, and technical security measures in the employee's workspace.

Technical solutions like encrypted communications and VPN connections, among others, will be employed as deemed necessary by the county, supervisor, and employee. Employees are prohibited from disclosing any confidential, private or personal files, records, material, or information. They may not allow any unauthorized parties to access the county network or data.

Safety

The employee is responsible for ensuring the suitability of the alternate work location; verification of workspace safety shall be confirmed utilizing forms provided herein.

Agreements

The supervisor is responsible for:

- Maintaining a written copy of the approved alternate work location work schedule.
- Maintaining a copy of an agreement by the employee to care for and return County equipment and information.
- Maintaining a copy of the alternate work location safety checklist as completed by the employee.



Madison County Agreement to Care for and Return County Equipment

____ I acknowledge that while I am an employee of Madison County, I am expected to take proper care of County equipment. I understand that upon termination, I am expected to return all property of Madison County in property working order. This agreement includes, but is not limited to, the following:

Laptop _____

Desktop _____

Server _____

Mobile Phone _____

Tools _____

Other _____

____ I, the undersigned, hereby acknowledge I have received the above listed equipment and I am responsible for the upkeep of the equipment. I understand that in the event I do not return all the equipment issued to me, or it is damaged, I authorize Madison County to deduct the amount due for the equipment.

____ I understand that continued failure to return equipment may be considered theft by the County and may lead to criminal prosecution.

Employee Name

Signature

Date



Madison County Alternate Work Location Safety Checklist

Employee: _____

Department: _____

Supervisor: _____

Location: _____

Phone: _____

The following checklist is designed to access the overall safety of the alternate work location. Each participant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the participating employee and immediate supervisor.

The alternative work location is located (check one): ☐ in home ☐ not in home

Describe the designated work area:

Safety Checklist - To the best of one's knowledge:		Yes	No
1. Is the space free of asbestos-containing materials		<input type="checkbox"/>	<input type="checkbox"/>
2. If asbestos-containing material is present, is it undamaged and in good conditions?		<input type="checkbox"/>	<input type="checkbox"/>
3. Is the space free of indoor air quality problems?		<input type="checkbox"/>	<input type="checkbox"/>
4. Is the temperature, ventilation, lighting, and noise levels adequate for maintaining a work location?		<input type="checkbox"/>	<input type="checkbox"/>
5. Is the space free of noise hazards?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>
7. Electrical system allows for grounding of electrical equipment (three prong receptacles)?		<input type="checkbox"/>	<input type="checkbox"/>
8. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?		<input type="checkbox"/>	<input type="checkbox"/>
9. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?		<input type="checkbox"/>	<input type="checkbox"/>
10. Are the phone lines, electrical cords, surge protectors secured under a desk or alongside a baseboard?		<input type="checkbox"/>	<input type="checkbox"/>
11. Is the Work location space free of excessive amounts of combustibles, floors are in good repair and carpets are well secured?		<input type="checkbox"/>	<input type="checkbox"/>
12. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended services?		<input type="checkbox"/>	<input type="checkbox"/>
I verify that this safety checklist is accurate and that my alternate work location is a reasonably safe place to work.			
Employee Signature		Date	

Appendix E – COVID-19 and Infections Disease Prevention Plan

Organization Policy

The Virginia Department of Labor and Industry (DOLI) has developed and implemented a regulation set forth in the Virginia Administrative Code 16 VAC 25-220. This plan is intended to:

- A. prevent the spread of SARS-CoV-2 (otherwise known as COVID-19) and protect Madison County's citizens and employees
- B. meet requirements imposed by the regulation, including providing the required risk assessment for County positions and the establishment of a training program.

Madison County is dedicated to ensuring that its employees (full-time, part-time, and temporary) are fully protected and can return to their families at the conclusion of their shifts. This policy sets forth the measures, policies, assessments, and enforcement measures that Madison County will utilize to ensure the best possible outcome. Employees failing to abide by the requirements of this policy may receive disciplinary action in conformance with the Madison County Personnel Policy.

Definitions

Administrative Control means any procedure which significantly limits daily exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks by control or manipulation of the work schedule or manner in which work is performed. The use of personal protective equipment is not considered a means of administrative control.

Airborne infection isolation room (AIIR), formerly a negative pressure isolation room, means a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. Environmental factors are controlled in AIIRs to minimize the transmission of infectious agents that are usually transmitted from person to person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. AIIRs provide negative pressure in the room (so that air flows under the door gap into the room); *and* an air flow rate of 6-12 ACH (6 ACH for existing structures, 12 ACH for new construction or renovation); and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter before returning to circulation.

Asymptomatic means a person who does not have symptoms.

Building/facility owner means the legal entity, including a lessee, which exercises control over management and record keeping functions relating to a building and/or facility in which activities covered by this standard take place.

CDC means Centers for Disease Control and Prevention.

Cleaning means the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

Community transmission, also called “community spread” means people have been infected with SARS-CoV-2 in an area, including some who are not sure how or where they became infected. The level of community transmission is classified by the CDC as:

1. **No to minimal** is where there is evidence of isolated cases or limited community transmission, case investigations are underway, and no evidence of exposure in large communal settings (e.g., healthcare facilities, schools, mass gatherings, etc.);
2. **Moderate** is where there is sustained community transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases;
3. **Substantial, controlled** is where there is large scale, controlled community transmission, including communal settings (e.g., schools, workplaces, etc.); or
4. **Substantial, uncontrolled** is where there is large scale, uncontrolled community transmission, including communal settings (e.g., schools, workplaces, etc.).

COVID-19 means Coronavirus Disease 2019, which is primarily a respiratory disease, caused by the SARS-CoV-2 virus.

Disinfecting means using chemicals approved for use against SARS-CoV-2, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Duration and frequency of employee exposure means how long (“duration”) and how often (“frequency”) an employee is potentially exposed to the SARS-CoV-2 virus or COVID-19 disease. Generally, the greater the frequency or length of exposure, the greater the probability is for potential infection to occur. Frequency of exposure is generally more significant for acute acting agents or situations, while duration of exposure is generally more significant for chronic acting agents or situations. An example of an acute SARS-CoV-2 virus or COVID-19 disease situation would be an unprotected customer, patient, or other person coughing or sneezing directly into the face of an employee. An example of a chronic situation would be a job task that requires an employee to interact either for an extended period of time inside six feet with a smaller static group of other employees or persons; or for an extended period of time inside six feet with a larger group of other employees or persons in succession but for periods of shorter duration.

Economic feasibility means the employer is financially able to undertake the measures necessary to comply with one or more requirements in this standard. The cost of corrective

measures to be taken will not usually be considered as a factor in determining whether a violation of this standard has occurred. If an employer's level of compliance lags significantly behind that of its industry, an employer's claim of economic infeasibility will not be accepted.

Elimination means a method of exposure control that removes the employee completely from exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks.

Employee means an employee of an employer who is employed in a business of his employer. Reference to the term "employee" in this standard also includes, but is not limited to, temporary employees and other joint employment relationships, persons in supervisory or management positions with the employer, etc., in accordance with Virginia occupational safety and health laws, standards, regulations, and court rulings.

Engineering control means the use of substitution, isolation, ventilation, and equipment modification to reduce exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks.

Exposure Risk Level: Assessment of the possibility that an employee could be exposed to the hazards associated with COVID-19 disease which are based on risk factors present during the course of employment regardless of location. These have been broken down to "very high", "high", "medium", and "lower".

- **Very High:** Exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure to known or suspected sources of the COVID-19 including but not limited to specific medical, postmortem, or laboratory procedures.
- **High:** Exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure with known or suspected sources of COVID-19 that are not otherwise classified as "very high".
- **Medium:** Exposure risk hazards or job tasks that are not otherwise classified as very high or high and require more than minimal occupational contact with other employees or persons who may be infected with, but are not known or suspected COVID-19 carriers.
- **Lower:** Exposure risk hazards or job tasks are those not otherwise classified as very high, high, or medium, that do not require contact with person known to be, or suspected of being, or who may be infected with, nor contact with other employees, other persons or the general public except as otherwise provided in this definition.

Face covering means an item normally made of cloth or various other materials with elastic bands or cloth ties to secure over the wearer's nose and mouth in an effort to contain or reduce the spread of potentially infectious respiratory secretions at the source (i.e., the

person's nose and mouth). A face covering is not intended to protect the wearer, but it may reduce the spread of virus from the wearer to others. A face covering is not a surgical/medical procedure mask. A face covering is not subject to testing and approval by a state or government agency, so it is not considered a form of personal protective equipment or respiratory protection equipment under VOSH laws, rules, regulations, and standards.

Face shield means a form of personal protective equipment made of transparent, impermeable materials intended to protect the entire face or portions of it from droplets or splashes.

Feasible as used in this standard includes both technical and economic feasibility.

Filtering facepiece respirator means a negative pressure air purifying particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium. These are certified for use by the National Institute for Occupational Safety and Health (NIOSH).

Hand sanitizer means an alcohol-based hand rub containing at least 60% alcohol, unless otherwise provided for in this standard.

HIPAA means Health Insurance Portability and Accountability Act.

Known to be infected with the SARS-CoV-2 virus means a person, whether symptomatic or asymptomatic, who has tested positive for SARS-CoV-2 and the employer knew or with reasonable diligence should have known that the person has tested positive for SARS-CoV-2.

May be infected with SARS-CoV-2 virus means any person not currently a person known or suspected to be infected with SARS-CoV-2 virus, and not currently vaccinated against the SARS-CoV-2 virus.

Occupational exposure means the state of being actually or potentially exposed to contact with SARS-CoV-2 virus or COVID-19 disease related hazards at the work location or while engaged in work activities at another location.

Personal protective equipment means equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, biological or other workplace hazards. Personal protective equipment may include, but is not limited to, items such as gloves, safety glasses, shoes, earplugs or muffs, hard hats, respirators, surgical/medical procedure masks, gowns, face shields, coveralls, vests, and full body suits.

Physical distancing also called "social distancing" means keeping space between yourself and other persons while conducting work-related activities inside and outside of the physical

establishment by staying at least 6 feet from other persons. Physical separation of an employee from other employees or persons by a permanent, solid floor to ceiling wall constitutes physical distancing from an employee or other person stationed on the other side of the wall.

Respirator means a protective device that covers the nose and mouth or the entire face or head to guard the wearer against hazardous atmospheres. Respirators are certified for use by the National Institute for Occupational Safety and Health (NIOSH). Respirators may be:

1. **Tight-fitting**, that is, half masks, which cover the mouth and nose, and full face pieces that cover the face from the hairline to below the chin; or
2. **Loose-fitting**, such as hoods or helmets that cover the head completely. There are two major classes of respirators:
 1. **Air-purifying**, which remove contaminants from the air; and
 2. **Atmosphere-supplying**, which provide clean, breathable air from an uncontaminated source. As a general rule, atmosphere-supplying respirators are used for more hazardous exposures.

Respirator user means an employee who in the scope of their current job may be assigned to tasks which may require the use of a respirator in accordance with this standard or required by other provisions in the VOSH/OSHA standards.

“SARS-CoV-2” means a betacoronavirus, like MERS-CoV and SARS-CoV. Coronaviruses are named for the crown-like spikes on their surface. The SARS-CoV-2 causes what has been designated as the Coronavirus Disease 2019 (COVID-19).

Signs of COVID-19 include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, etc.

Surgical/medical procedure mask means a mask to be worn over the wearer’s nose and mouth that is fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids, and prevents the wearer from exposing others in the same fashion. It protects others from the wearer’s respiratory emissions. It has a loose fitting face seal. It does not provide the wearer with a reliable level of protection from inhaling smaller airborne particles. It is considered a form of personal protective equipment, but is not considered respiratory protection equipment under VOSH laws, rules, regulations, and standards. Testing and approval is cleared by the U.S. Food and Drug Administration (FDA).

Suspected to be infected with SARS-CoV-2 virus means a person that has signs or symptoms of COVID-19 but has not tested positive for SARS-CoV-2 and no alternative diagnosis has been made (e.g., tested positive for influenza).

Symptomatic means the employee is experiencing symptoms similar to those attributed to COVID-19 including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Symptoms may appear in 2 to 14 days after exposure to the virus.

Technical feasibility means the existence of technical know-how as to materials and methods available or adaptable to specific circumstances which can be applied to one or more requirements in this standard with a reasonable possibility that employee exposure to the SARS-CoV-2 virus and COVID-19 disease hazards will be reduced. If an employer's level of compliance lags significantly behind that of their industry, allegations of technical infeasibility will not be accepted.

VOSH means Virginia Occupational Safety and Health.

Work practice control means a type of administrative control by which the employer modifies the manner in which the employee performs assigned work. Such modification may result in a reduction of exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks through such methods as changing work habits, improving sanitation and hygiene practices, or making other changes in the way the employee performs the job.

Employee Requirements

Employees are expected to self-monitor for symptoms of the virus. The following employees should not report to work and, upon notification to their supervisor, will be removed from the regular work schedule:

1. Employees who display COVID-19 symptoms, such as fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting, whether or not accompanied by a formal COVID-19 diagnosis;
2. Employees who, in the last 14 days, have had close contact with and/or live with any person having a confirmed COVID-19 diagnosis; and
3. Employees who, in the last 14 days, have had close contact with and/or live with any person displaying COVID-19 symptoms, such as fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting.

Employees who develop or exhibit symptoms while at work must immediately report to their supervisor. Employees shall be directed to Orange Family Physicians for a COVID-19 test, at the County's expense, and remain isolated until the results are known. If the test result is negative, they may return to work at their discretion and otherwise may use PTO as

appropriate. If the test is positive, employees may only resume in-person work upon meeting all return-to-work requirements, defined in the **Return to Work** section of this plan. On a case-by-case basis, employees may be authorized or directed to work remotely if they are able.

For public health reasons, any employee with a positive COVID-19 test result or who exhibits known symptoms of COVID-19 has an ethical obligation to notify those with whom they have come into contact. By sharing positive test results or diagnoses, Madison County can better protect the health and safety of its employees and make workplace and schedule adjustments that will enable us to deliver on its public service mission. **Employees will be required to communicate a positive test or symptoms in one of the following two ways:**

1. For employees who wish to voluntarily identify themselves as having a positive COVID-19 test result or who exhibit known symptoms of COVID-19, supervisors should be contacted as soon as possible. Reporting employees who choose this option will be considered to have waived any expectations under HIPPA for the duration of the public health emergency for this issue only. All other protected health information will remain confidential.
2. For employees who do not wish to voluntarily identify themselves and waive HIPPA requirements, reporting is required under the following procedure. Notify the County Administrator through an anonymous message that does not use the reporting employee's name, but identifies the department, the work location, hours the reporting employee most recently worked, and names any employee who the reporting employee reasonably believes came into close contact with the reporting employee. In this way the reporting employee's identity is protected as much as possible under the circumstances, while others in the workplace who may have been exposed may receive this information and can take appropriate precautions.
 - To reduce the spread of COVID-19, employees, unless infeasible, will be required by the regulation and/or governor's executive order to
 - practice physical distancing
 - Use a face covering (mask)
 - When outside a private office and physical distancing is infeasible, use a face covering.
 - All employees when occupying a vehicle together for work purposes are required to utilize a face covering.
 - If a face covering is contrary to an employee's safety or health, a face covering waiver may be granted by the County Administrator; however, based on physical distancing, the employee may be required to utilize a face shield or other PPE device to ensure protection.

- Employees who are required to interact with customers, contractors, or the general public will be provided with, and must immediately use supplies to clean and disinfect areas where there is potential for exposure to COVID-19.

General:

Employer Requirements

To control the spread of infectious diseases such as COVID 19, basic prevention and control measures must be implemented to ensure that all employees are protected against the hazards of infectious disease. To control the spread of infectious disease it is important to keep up general housekeeping in the workplace. Additional housekeeping actions must also be implemented to ensure the safety and health of employees and decreasing the chances of spread of an infectious disease such as: All restrooms, common areas that remain in use, door knobs/handles, tools, equipment, and other frequently touched surfaces are disinfected before, in the middle of, and at the end of each shift. All contact surfaces of vehicles used by more than one person are disinfected at the end of each person's use. All common areas (bathrooms, and other frequently touched surfaces must be cleaned at least at the end of each shift or as determined by enhanced cleaning procedures.

All disinfectants are EPA-approved or otherwise comply with CDC disinfection guidance. The employer must make sure that adequate disinfection products are on hand, safety data sheets (SDSs) are obtained and retained, and employees using the products are aware of any personal protective equipment that is required for use.

Additional precautions and actions to take are as follows:

- Large gatherings are minimized whenever possible; staff and Board meetings are postponed, cancelled or held remotely;
- Employees are encouraged to maintain physical distance even when on break, as well as before and after working hours;
- Employees are required to maintain physical distance when reporting to work and leaving work;
- Employee work stations are greater than six feet apart;
- The employer may utilize flexible work hours, wherever possible, to limit the number of employees simultaneously working on-site; and
- Employee interactions with the general public are modified to allow for additional physical space between parties.

Madison County business practices are evaluated to ensure the safety and health of all individuals. This is done on a phased approach. Beginning with appointment only onsite meetings, virtual meetings, and finally transitioning to onsite meetings with appropriate precautions when that time comes.

- Social distancing practices to be observed:

- 6-foot distances are marked in areas where customers might gather/wait
- Limit the number of customers allowed into workplace
- Minimize face to face contact

Information is posted throughout the worksite educating individuals on ways to reduce the spread of COVID-19.

Any individual entering one of Madison County's facilities may have their temperature checked and/or a questionnaire completed prior to entry.

To minimize exposure from visitors or vendors:

- When possible, Madison County will limit the number of visitors in the facility.
- Any individual entering one of the Madison County facilities may have their temperature checked and/or a questionnaire completed prior to entry.
- Masks are available to visitors/vendors as well as appropriate disinfectants so individuals can clean work areas before and after use.
- To the extent possible, deliveries will be handled through curbside pick-up or delivery.

Minimizing exposure from the general public:

- Social distancing practices to be observed:
- 6-foot distances are marked in areas where individuals might gather/wait.
- Limit number of individuals allowed into workplace.
- Minimize face to face contact:
- Computer workstations positioned at least 6 feet apart
- Information is posted at each Madison County facility educating individuals on ways to reduce the spread of COVID-19.
- Any individual entering Madison County may have their temperature checked and/or a questionnaire completed prior to entry.
- Individual symptoms may be assessed of COVID-19 and individuals with symptoms will be removed from the workplace.
- Physical barriers between Madison County employees and the public will be considered in high impact areas (i.e. shielding at the front desk areas).
- Masks are available to the general public as well as appropriate disinfectants so individuals can clean work areas before and after use.

Infection protection measures for each risk class of employee are included in the **Position Risk Classification** section. In addition to the protection measures listed for lower risk positions, additional protections should be added for the medium to high risk categories. To the extent feasible, employees in departments that contain medium or higher risk for

coronavirus should self screen daily to verify that he or she does not have signs or symptoms of COVID-19 according to the following:

Before entering the worksite:

1. Are you currently suffering from any of the following symptoms – fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting?
2. If a touchless thermometer is available, perform a temperature check.
3. Have you lived with, or had close contact with, someone in the last 14 days diagnosed with or displaying the symptoms of COVID-19?

If the self pre-screening results are positive, the employee is to discuss next steps with his supervisor.

Personal Protective Equipment:

1. Madison County shall comply with the following requirements for a SARS-CoV-2 virus and COVID-19 disease related hazard assessment, and personal protective equipment selection:
 - a. The employer shall assess the workplace to determine if SARS-CoV-2 or COVID-19 hazards or job tasks are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). The employer shall provide for employee and employee representative involvement in the assessment process. If such hazards or job tasks are present, or likely to be present, the employer shall:
 - i. Except as otherwise required in the standard, select, and have each affected employee use, the types of PPE that will protect the affected employee from the SARS-CoV-2 virus or COVID-19 disease hazards identified in the hazard assessment;
 - ii. Communicate selection decisions to each affected employee; and
 - iii. Select PPE that properly fits each affected employee.
2. The employer shall verify that the required SARS-CoV-2 virus and COVID-19 disease workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the hazard assessment; and the document as a certification of hazard assessment.
3. Unless specifically addressed by an industry specific standard applicable to the employer and providing for PPE protections to employees from the SARS-COV- 2 virus or COVID-19 disease (e.g., Parts 1926, 1928, 1915, 1917, or 1918), the

requirements of §§1910.132 (General requirements) and 1910.134 (Respiratory protection) shall apply to all employers for that purpose.

4. PPE ensembles for employees in the “medium” exposure risk category will vary by work task, the results of the employer’s hazard assessment, and the types of exposures employees have on the job.

Leave Policy Considerations

For employees who need to remain away from work for an extended period of time due to COVID-19, Madison County has instituted the leave policies for use specifically during the pandemic through compliance with the Families First Coronavirus Response Act (FFCRA) per the Families First Coronavirus Response Act Policy (Appendix C of the Emergency Action Plan).

Notifications:

Upon notification by the reporting employee, supervisor will notify the County Administrator and the Emergency Services Coordinator that one of their employees tested positive or has a probable COVID- 19 diagnosis based on symptoms (without divulging the name if under the anonymous procedure above). Once a department head is notified of a positive COVID-19 test result, they shall notify the other employees in that work unit **within 24 hours** that a colleague (without specifically naming the individual if reported anonymously) tested positive and each person should appropriately isolate themselves and seek medical care if symptoms develop. Additionally, extra workspace cleaning shall then be targeted for the affected facilities.

The Emergency Services Coordinator will notify the Virginia Department of Health within 24 hours of the discovery of a positive case and will also notify the Virginia Department of Labor and Industry of three (3) or more positive cases in County employees within a 14- day period. Employees will have access to their own COVID-19 disease related exposure and medical records in accordance with applicable standards.

Any departments procuring **contracted work** on behalf of Madison County are required to impress upon the contractor(s) the importance of suspected COVID-19 contractors or temporary employees staying home. Known or suspected COVID-19 contractors or temporary workers shall not report to work or be allowed to remain on the job site until cleared to return to work.

Return to Work

If an employee of Madison County is suspected or has tested positive for COVID-19, the following guidelines are to be followed:

When the County is notified of a positive test for one of its own employees, contractors, temporary employees, or other person who was present at the place of employment within the previous fourteen (14) days, the employer shall notify:

- Its own employees at the same place of employment who may have been exposed within twenty-four (24) hours of discovery while keeping confidential the identity of the COVID-19 person in accordance with the Health Insurance Portability and Accountability Act (HIPPA) and other applicable laws and regulations.
- Other employers whose employees were present at the work site during the same time period; and the building/facility owner (if different from the employer).
- The Virginia Department of Health within twenty-four (24) hours of discovery.
- The Virginia Department of Labor and Industry of three (3) or more positive cases in County employees within a 14-day period.

Employees who are suspected or known COVID-19 employees may return to work based on then-current criteria and advice of the Virginia Department of Health.

Employees may return to work based on a test-based strategy. The cost of testing will be borne by the County.

With the approval of the County Administrator and on advice from the Virginia Department of Health, employees may return to work based on the symptom-based strategy as follows: Employees who are suspected or known COVID-19 employees may return to work when (seventy-two) 72 hours have passed since recovery (resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms); and at least ten (10) days have passed since the symptoms first appeared.

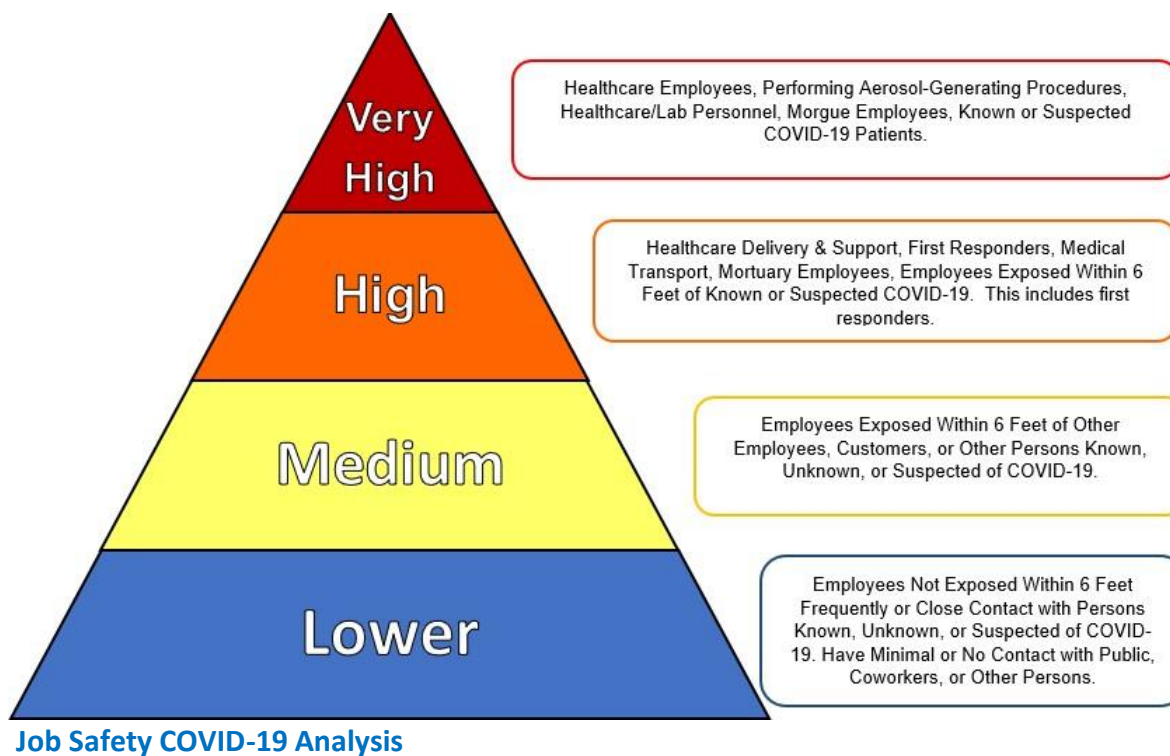
Employees who come into close contact with or who may live with an individual with a confirmed diagnosis or symptoms may return to work after 14 days have passed since the last close contact with the diagnosed and/or symptomatic individual. This includes the diagnosed and/or symptomatic individual receiving a negative COVID-19 test.

Employees are typically required to submit a release to return to work from a healthcare provider; however, given the current stressors on the healthcare system, the County Administrator may accept written statements from employees confirming all the factors supporting their release.

Position Risk Assessment

Madison County has determined the COVID-19 exposure risk level of all worksite functions to ensure that it apply appropriate hazard controls – including training, equipment, and personal protective equipment (PPE) – to protect employees' safety and health. This assessment is based on OSHA Publication 3990.

The following graphic relates to job tasks that pose a risk level to employees. The job tasks that are listed are not an all-inclusive list.



Classes of employees have been assigned to risk categories that feature potential risks and infection protection measures for each as follows:

Lower Exposure Risk (Caution)

Potential Risks:

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (within six (6) feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers

Infection protection measures

- Promote frequent and thorough hand washing
- provide alcohol-based hand rubs containing at least 60% alcohol
- Encourage employees to stay home if they are sick
- Encourage respiratory etiquette, including covering coughs and sneezes.
- Take advantage of policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees.
- Discourage employees from using other's phones, desks, offices, or other work tools and equipment, when possible.

- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment.

Medium Exposure Risk

Potential Risks

Medium exposure risk jobs include those that require frequent and/or close contact with (within six (6) feet of) people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients. (Schools, juvenile detention centers, jails, sports, venues, entertainment, airports, bus and transit stations, high population-density work environments, and some high volume service settings).

Infection protection measures

- Include recommended safe job procedures from lower exposure risk above.
- Install physical barriers, such as clear plastic sneeze guards, where feasible.
- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home).
- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in areas where sick customers may visit.
- Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., curbside delivery, phone-based communication, telework).
- Communicate the availability of medical screening or other employee health resources (e.g., on-site nurse; telemedicine services).
- Implement daily health screening for employees as appropriate.
- Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE for employees in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

High Exposure Risk

Potential Risks:

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and Emergency staff (e.g., doctors, nurses, emergency response staff who must enter patients' rooms/homes) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol generating procedures, their exposure risk level becomes very high.)
- Medical transport workers (e.g., ambulance vehicle operators) or Law Enforcement moving known or suspected COVID-19 patients in enclosed vehicles.

Infection protection measures

- Include recommended safe job procedures from Lower and Medium exposure risks above.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at any healthcare facility and use disposable face masks.
- Prompt identification and similar terms) on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth)

- Restrict the number of personnel entering isolation areas.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field. Isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.
- Encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.
- Communicate procedures for employees to report when they are sick or experiencing symptoms of COVID-19.
- Where appropriate, develop procedures for immediately isolating people who have signs and/or symptoms of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the worksite.
- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other

Very High Exposure Risk

Potential Risks:

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (doctors, nurses, paramedics, emergency medical technicians) performing aerosolgenerating procedures (e.g., intubation, cough induction procedures, bronchoscopies, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).

Infection protection measures

- Include recommended safe job procedures from Lower, Medium and High exposure risks above.
- Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.
- Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: www.osha.gov/covid-19
- PPE ensembles may vary, especially for workers who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19.

A review of County positions indicates that public safety responders are at a high risk of exposure due to the high potential for and frequency of physical contact with other individuals during the course of providing services. All other positions are classified as medium risk of exposure since all feature moderate levels of contact with coworkers and the public.

Following is the list of County positions with the assigned risk category for each:

Department	Position Title	Exposure Risk Category
12110--County Administrator	Executive Administrative Assistant/Deputy Clerk to the Board	Medium
12110--County Administrator	Office Clerk Assistant	Medium
12310—Commissioner of the Revenue	Commissioner of the Revenue	Medium
12310--Commissioner of the Revenue	Commissioner of the Revenue Chief Deputy	Medium
12310--Commissioner of the Revenue	Commissioner of the Revenue Deputy I	Medium
12410—Treasurer	Treasurer	Medium
12410--Treasurer	Chief Deputy Treasurer	Medium
12410--Treasurer	Deputy Treasurer II	Medium
12420--Finance	Assistant County Administrator/Finance Director	Medium
12420--Finance	Information Technology Specialist	Medium
12420--Finance	Payroll/Human Resources Technician	Medium
12420--Finance	Accounts Payable Technician	Medium
13200--Registrar	Registrar	Medium
13200--Registrar	Registrar Assistant	Medium
21700--Clerk of Circuit Court	Clerk of Circuit Court	Medium
21700--Clerk of Circuit Court	Chief Deputy Circuit Court Clerk	Medium
21700--Clerk of Circuit Court	Deputy Court Clerk III	Medium
21700--Clerk of Circuit Court	Office Clerk Assistant - Court Clerk	Medium
21900--Victim/Witness Program	Victim Witness Coordinator	Medium
22100—Commonwealth Attorney	Commonwealth's Attorney	Medium
22100--Commonwealth Attorney	Deputy Commonwealth Attorney	Medium
22100—Commonwealth Attorney	Assistant Commonwealth Attorney	Medium
22100--Commonwealth Attorney	Legal Assistant - Commonwealth Attorney	Medium
22100--Commonwealth Attorney	Administrative Assistant - Commonwealth's Attorney	Medium
31200—Sheriff	Sheriff	High
31200--Sheriff	Major	High
31200--Sheriff	Captain	High
31200--Sheriff	Deputy Sheriff First Sergeant	High
31200--Sheriff	Deputy Sheriff First Lieutenant of Investigations	High
31200--Sheriff	Deputy Sheriff Sergeant	High
31200--Sheriff	Deputy Sheriff Investigator	High
31200--Sheriff	Deputy Sheriff Corporal	High
31200--Sheriff	Deputy Sheriff	High
31200--Sheriff	School Resource Officer	High
31200--Sheriff	Administrative Assistant - Sheriff	High
31400--Public Safety	Emergency Services Coordinator	High
31400—Public Safety	Deputy Emergency Services Coordinator	High
31401--Emergency Communications	Director of Emergency Communications	Medium

31401--Emergency Communications	Assistant Director of Emergency Communications	Medium
31401--Emergency Communications	Emergency Communications Shift Supervisor	Medium
31401--Emergency Communications	Emergency Communications Dispatcher	Medium
32600--Emergency Medical Services	Chief of Emergency Medical Services	High
32600--Emergency Medical Services	Deputy Chief of Emergency Medical Services	High
32600--Emergency Medical Services	Emergency Medical Services - Lieutenant	High
32600--Emergency Medical Services	Emergency Medical Technician-Paramedic	High
32600--Emergency Medical Services	Emergency Medical Technician-Intermediate	High
32600--Emergency Medical Services	Emergency Medical Technician-Basic	High
34100--Building Official	Building Official	Medium
34100--Building Official	Soil & Erosion Administrator	Medium
34100--Building Official	Combination Inspector	Medium
34100--Building Official	Building Permit Technician	Medium
35102--Animal Shelter	Animal Shelter Manager	Medium
35102--Animal Shelter	Kennel Assistant	Medium
35103--Animal Control	Chief Animal Control Officer & Shelter Manager	High
35103--Animal Control	Deputy Animal Control Officer	High
43200--Facilities & Maintenance	Facilities & Maintenance Manager	Medium
43200--Facilities & Maintenance	Facilities Maintenance Technician	Medium
43200--Facilities & Maintenance	Custodian	Medium
71100--Parks & Recreation	Parks & Recreation Operations Coordinator	Medium
71100--Parks & Recreation	Parks & Recreation Programs Coordinator	Medium
81101--Zoning & Planning	Director of Planning, Zoning and Permitting	Medium
81101--Zoning & Planning	Zoning Administrator Consultant	Medium
81101--Zoning & Planning	Zoning and Building Technician	Medium
81101--Zoning & Planning	Administrative Assistant - Planning	Medium
81110--Economic Development	Director of Economic Development & Tourism	Medium
81110--Economic Development	Visitor Center Assistant	Medium
83500--Extension & Cont'd Ed	Administrative Assistant - Extension	Medium

Contingency Plan in the Event of an Infectious Disease Outbreak

In the event that an outbreak or pandemic occurs due to an infectious disease, Madison County has set up contingency plans for addressing the workplace needs as well as employee safety and health during the outbreak.

These plans are as follows:

- A Enact any or all of the provisions of County Personnel Policy in order to ensure the health and safety of Madison County employees.
 - 1. **Liberal Leave Policies:** This provision will allow Department Directors to apply more flexibility for employees in the use of paid time off (PTO). The County Administrator may also expand the provisions of existing policies to fit the specific emergency. (An

example would be to allow the use of sick leave if childcare facilities or schools are closed and the employee needs to stay home with children.)

2. **Flexible and Staggered Schedules:** With approval from the County Administrator, Department Directors may need to use staggered schedules and/or flexible hours in order to provide sufficient coverage in their respective departments while not reducing the level of critical services to citizens.
3. **Telework Provisions:** The County Administrator may issue guidelines which allow for teleworking. This provision would allow for work to be done from home or other off-site locations.
4. **Advancement of Paid Time Off (PTO):** Normal policies allow advancement of paid time off (PTO) or annual leave under very specific and unusual circumstances. Since an emergency might involve widespread illness, the Department Director can request approval from the County Administrator to advance leave, in addition annual PTO, as needed to enable the employee to stay home if they meet the criteria for sick leave.
5. **Job Sharing:** One or more part-time employees may be allowed to adjust schedules to cover the same full-time position, as needed, to ensure coverage of essential functions. Full-time benefits would not be available.
6. **Alternate Work Locations:** With County Administrator approval, employees may be required or granted approval to work from alternate locations, as feasible. This provision might, for example, allow for separation between staff to minimize the risk of spread of contagious disease or to assign an employee to a different location should their regular location be unavailable or uninhabitable.
7. **Issuance of Laptops, Cell Phones, MiFis, or Other Electronic Devices:** Emergency issuance of electronic equipment, such as laptops, cell phones, MiFis, or other electronic devices may be granted in order to facilitate remote work locations and/or telework.
8. **Closing Non-Essential Offices, Facilities, and Operations:** The County Administrator has the authority to close operations of certain offices, facilities, and non-essential functions and activities. Constitutional Officers may also exercise this option.
9. **Modification of Hours Open to the Public:** The County Administrator may change the hours that offices are open to the public, as needed. For example, in the case of a dramatically-reduced work force, hours that County offices are open to the public may also be reduced. Such changes in work hours shall be posted on the buildings affected, posted on the County's website, and communicated to the press and the public as soon as reasonable.

- 10. Award of Administrative Leave:** The County Administrator may approve paid Administrative Leave for employees when conditions make it impossible for employees to report to work due to circumstances beyond their control. For example, if the employee's work location is not safe for occupants, staff may be relocated.
- 11. Temporary Increase of Credit Limits on Credit Cards:** In order to provide sufficient purchasing ability for immediate needs for the duration of the local emergency, the County Administrator may need to request temporary increases on credit cards for certain personnel.
- 12. Temporary Hires Outside the Bounds of Normal Personnel Policies:** The County Administrator may authorize the hiring of temporary personnel to fill in for absent staff without following normal hiring practices.
- 13. Emergency Procurement of Supplies, Services, and Essential Items:** As allowed by State Code, the purchase of supplies, services, and items needed to respond to the specific emergency may be accomplished while bypassing the normal procurement policies and procedures, but must be approved by the County Administrator or designee.
- 14. Elimination of Travel for County Employees:** The County Administrator may prohibit travel for County employees in order to protect the employees and to ensure an adequate workforce is available to provide for continuity of operations.
- 15. Suppression of Budgeted Expenditures:** In order to preserve the availability of cash which may be needed during the emergency, the County Administrator may limit expenditures of budgeted funds to only necessary expenses.
- 16. Delay of Capital Expenditures:** Expenditures for non-critical and non-urgent capital items may be delayed to ensure sufficient cash reserves which may be needed during the emergency.
- 17. Hiring Freeze:** The County Administrator may impose a temporary hiring freeze to protect cash reserves.
- 18. Limitations on Public Access in County Buildings and Facilities:** During an emergency, due to the potential for limited access to needed supplies or reductions in staffing, the County Administrator may limit public access to County buildings and facilities in their entirety or in certain designated areas in County buildings and facilities (such as rest rooms in parks). Signage shall be posted to show these changes and the information shall also be posted on the County's website and communicated to the public as soon as reasonable.
- 19. Other Actions Not Listed:** The County Administrator has the flexibility to take other

reasonable actions during the state of emergency for the purposes listed above.

- B. Enact any or all of the applicable provisions of the County's Emergency Action Plan (EAP) to mitigate and assist in the effort to stop or slow the spread of an outbreak.
- C. Optional creation of a special response team to focus on responding to the outbreak or pandemic.
- D. Develop and implement specific departmental response plans to recognize the wide variety of workplaces and job functions within County operations.
- E. Consider approval of special conditions for employees in vulnerable populations for the specific outbreak or pandemic.
- F. Communication with the public to encourage delaying conducting business with the county and/or transacting business online, by email, or over the phone as possible.
- G. Provision of supplies and work area modifications to increase social distancing and to prevent the spread of infectious disease.

Applicable Industry Specific Regulations

Office:

Business or operations whose work is primarily and traditionally performed in an office environment must

- a) Assign dedicated entry point(s) for all employees to reduce congestion at the main entrance.
- b) Provide visual indicators of appropriate spacing for employees outside the building in case of congestion.
- c) Take steps to reduce entry congestion and to ensure the effectiveness of screening (e.g., by staggering start times, adopting a rotational schedule where only half of employees are in the office at a particular time).
- d) Require face coverings in shared spaces, including during in-person meetings and in restrooms and hallways.
- e) Increase distancing between employees by spreading out workspaces, staggering workspace usage, restricting non-essential common space (e.g., cafeterias), providing visual cues to guide movement and activity (e.g., restricting elevator capacity with markings, locking conference rooms).
- f) Prohibit social gatherings and meetings that do not allow for social distancing or that create unnecessary movement through the office.
- g) Provide disinfecting supplies and require employees wipe down their workstations at least twice daily.
- h) Post signs about the importance of personal hygiene.
- i) Disinfect high-touch surfaces in offices (e.g., whiteboard markers, restrooms,

handles) and minimize shared items when possible (e.g., pens, remotes, and whiteboards).

- j) Institute cleaning and communications protocols when employees are sent home with symptoms.
- k) Notify employees if the employer learns that an individual (including a customer, supplier, or visitor) with a confirmed case of COVID-19 has visited the office.
- l) Suspend all nonessential visitors.
- m) Restrict all non-essential travel, including in-person conference events.

Outdoor:

Business or operations whose work is primarily and traditionally performed outdoors must

- a) Prohibit gatherings of any size in which people cannot maintain six feet of distance from one another.
- b) Limit in-person interaction with clients and patrons to the maximum extent possible, and bar any such interaction in which people cannot maintain six feet of distance from one another.
- c) Provide and require the use of personal protective equipment such as gloves, goggles, face shields, and face coverings, as appropriate for the activity being performed.
- d) Adopt protocols to limit the sharing of tools and equipment to the maximum extent possible and to ensure frequent and thorough cleaning and disinfection of tools, equipment, and frequently touched surfaces.

Construction:

Business or operations in the construction area must:

- a) Conduct a daily entry screening protocol for employees, contractors, suppliers, and any other individuals entering a worksite, including a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19, together with, if possible, a temperature screening.
- b) Create dedicated entry point(s) at every worksite, if possible, for daily screening as provided in sub-provision (b) of this section, or in the alternative issue stickers or other indicators to employees to show that they received a screening before entering the worksite that day.
- c) Provide instructions for the distribution of personal protective equipment and designate on-site locations for soiled face coverings.
- d) Require the use of work gloves where appropriate to prevent skin contact with contaminated surfaces.
- e) Identify choke points and high-risk areas where employees must stand near one another (such as hallways, hoists and elevators, break areas, water stations, and buses) and control their access and use (including through physical barriers) so that social distancing is maintained.
- f) Ensure there are sufficient hand-washing or hand-sanitizing stations at the worksite to enable easy access by employees.

- g)** Notify contractors (if a subcontractor) or owners (if a contractor) of any confirmed COVID-19 cases among employees at the worksite.
- h)** Restrict unnecessary movement between project sites.
- i)** Create protocols for minimizing personal contact upon delivery of materials to the worksite.

Training

Madison County is dedicated to ensuring employee protection. This is done to ensure that employees can return home to their families safely at the conclusion of their shifts. To do that, employees must be effectively trained. Training will be accomplished as prescribed below:

- To all employees initially
- To all employees who lack understanding of the policy
- To all newly hired employees

Training will cover the information as prescribed below:

- COVID-19 signs and symptoms
- Self-monitoring for signs and symptoms
- Employee responsibilities
- Employer responsibilities and return to work policy
- Cleaning and disinfecting
- Specific COVID-19 analysis for employee jobs
- Madison County enforcement policy
- Allow for questions and answers

Training will cover details of the Virginia Department of Labor and Industry's Emergency Temporary Standard (16 VAC 25-220), including signs and symptoms of COVID-19, cleaning and disinfecting, PPE requirements, employee and employer responsibilities, anti-discrimination provisions, return to work procedures and enforcement policies will be included. Employees will be invited to submit questions. This training is intended to satisfy the requirements found in §16VAC25-220-80 of the Emergency Temporary Standard.

Responsible Party

Madison County has developed this policy based on the temporary 16 VAC 25-220 Emergency Temporary Standard developed by the Virginia DOLI. This policy is designed to be in place through January 15, 2021; however, this policy may be continued by Madison County based on Federal, State, or local guidelines. The County Administrator is responsible to ensure the adoption, dissemination, and enforcement of this policy for the safety and health of the employees of Madison County, VA.

APPENDIX F – Temporary Emergency Temporary Standard (§16VAC25-220)

Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19

TITLE 16. LABOR AND EMPLOYMENT

SAFETY AND HEALTH CODES BOARD

Emergency Regulation

Title of Regulation: **16VAC25-220. Emergency Temporary Standard - Infectious Disease Prevention, SARS-CoV-2 Virus That Causes COVID-19 (adding 16VAC25-220-10, 16VAC25-220-20, 16VAC25-220-30, 16VAC25-220-40, 16VAC25-220-50, 16VAC25-220-60, 16VAC25-220-70, 16VAC25-220-80, 16VAC25-220-90).**

Statutory Authority: § 40.1-22 of the Code of Virginia.

Agency Contact: Princy Doss, Director of Policy, Planning, and Public Information, Department of Labor and Industry, 600 East Main Street, Richmond, VA 23219, 804-786-4300, or email princy.doss@doli.virginia.gov.

Preamble:

Pursuant to subdivision (6a) of § 40.1-22 of the Code of Virginia, the Safety and Health Codes Board may adopt an emergency temporary standard to take immediate effect upon publication in a newspaper of general circulation, published in the City of Richmond, Virginia, if the board determines that employees are exposed to grave danger from exposure to substances or agents determined to be toxic or physically harmful or from new hazards, and that such emergency standard is necessary to protect employees from such danger.

On July 15, 2020, the Safety and Health Codes Board adopted an Emergency Temporary Standard for Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19 (16VAC25-220) pursuant to Executive Order 63, Order of Public Health Emergency Five, Requirement to Wear Face Covering While Inside Buildings. The emergency temporary standard is effective July 27, 2020, upon publication in the Richmond Times Dispatch. The emergency temporary standard establishes requirements for employers to control, prevent, and mitigate the spread of SARS-CoV-2, thereby protecting employees and the general public. SARS-CoV-2 is the virus that causes coronavirus disease 2019 (COVID-19).

CHAPTER 220

EMERGENCY TEMPORARY STANDARD - INFECTIOUS DISEASE PREVENTION, SARS-COV-2 VIRUS THAT CAUSES COVID-19

16VAC25-220-10. Purpose, scope, and applicability.

A. This emergency temporary standard is designed to establish requirements for employers to control, prevent, and mitigate the spread of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19) to and among employees and employers.

B. This standard shall not be extended or amended without public participation in accordance with the Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) and 16VAC25-60-170.

C. This standard is adopted in accordance with subdivision 6 a of § 40.1-22 of the Code of Virginia and shall apply to every employer, employee, and place of employment in the Commonwealth of Virginia within the jurisdiction of the VOSH program as described in 16VAC25-60-20 and 16VAC25-60-30.

D. This standard is designed to supplement and enhance existing VOSH laws, rules, regulations, and standards applicable directly or indirectly to SARS-CoV-2 virus or COVID-19 disease-related hazards such as, but not limited to, those dealing with personal protective equipment, respiratory protective equipment, sanitation, access to employee exposure and medical records, occupational exposure to hazardous chemicals in laboratories, hazard communication, § 40.1-51.1 A of the Code of Virginia, etc. Should this standard conflict with an existing VOSH rule, regulation, or standard, the more stringent requirement from an occupational safety and health hazard prevention standpoint shall apply.

E. Application of this standard to a place of employment will be based on the exposure risk level presented by SARS-CoV-2 virus-related and COVID-19 disease-related hazards present or job tasks undertaken by employees at the place of employment as defined in this standard (i.e., very high, high, medium, and lower risk levels).

1. It is recognized that various hazards or job tasks at the same place of employment can be designated as very high, high, medium, or lower exposure risk for purposes of application of the requirements of this standard. It is further recognized that various required job tasks prohibit an employee from being able to observe physical distancing from other persons.

2. Factors that shall be considered in determining exposure risk level include, but are not limited to:

a. The job tasks being undertaken, the work environment (e.g. indoors or outdoors), the known or suspected presence of the SARS-CoV-2 virus, the presence of a person known or suspected to be infected with the SARS-CoV-2 virus, the number of employees and other persons in relation to the size of the work area, the working distance between employees and other employees or persons, and the duration and frequency of employee exposure through contact inside of six feet with other employees or persons (e.g., including shift work exceeding 8 hours per day); and

b. The type of hazards encountered, including potential exposure to the airborne transmission of SARS-CoV-2 virus; contact with contaminated surfaces or objects, such as tools, workstations, or break room tables, and shared spaces such as shared workstations, break rooms, locker rooms, and entrances and exits to the facility; shared work vehicles; and industries or places of employment where employer sponsored

shared transportation is a common practice, such as ride-share vans or shuttle vehicles, car-pools, and public transportation, etc.

F. This standard shall not conflict with requirements and guidelines applicable to businesses set out in any applicable Virginia executive order or order of public health emergency.

G. 1. To the extent that an employer actually complies with a recommendation contained in CDC guidelines, whether mandatory or non-mandatory, to mitigate SARS-CoV-2 virus and COVID-19 disease related hazards or job tasks addressed by this standard, and provided that the CDC recommendation provides equivalent or greater protection than provided by a provision of this standard, the employer's actions shall be considered in compliance with this standard. An employer's actual compliance with a recommendation contained in CDC guidelines, whether mandatory or non-mandatory, to mitigate SARS-CoV-2 and COVID-19 related hazards or job tasks addressed by this standard shall be considered evidence of good faith in any enforcement proceeding related to this standard.

2. A public or private institution of higher education that has received certification from the State Council of Higher Education for Virginia that the institution's re-opening plans are in compliance with guidance documents, whether mandatory or non-mandatory, developed by the Governor's Office in conjunction with the Virginia Department of Health shall be considered in compliance with this standard, provided the institution operates in compliance with its certified reopening plans and the certified reopening plans provide equivalent or greater levels of employee protection than this standard. A public school division or private school that submits its plans to the Virginia Department of Education to move to Phase II and Phase III that are aligned with CDC guidance for reopening of schools that provide equivalent or greater levels of employee protection than a provision of this standard and who operate in compliance with the public school division's or private school's submitted plans shall be considered in compliance with this standard. An institution's actual compliance with recommendations contained in CDC guidelines or the Virginia Department of Education guidance, whether mandatory or non-mandatory, to mitigate SARS-CoV-2 and COVID-19 related hazards or job tasks addressed by this standard shall be considered evidence of good faith in any enforcement proceeding related to this standard.

H. Nothing in the standard shall be construed to require employers to conduct contact tracing of the SARS-CoV-2 virus or COVID-19 disease.

16VAC25-220-20. Effective and expiration dates.

This emergency temporary standard shall take immediate effect July 27, 2020, upon publication in a newspaper of general circulation, published in the City of Richmond, Virginia.

With the exception of 16VAC25-220-80 B 10 regarding training required on infectious disease preparedness and response plans, the training requirements in 16VAC25-220-80 shall take effect on August 26, 2020. The training requirements under 16VAC25-220-80 B 10 shall take effect on September 25, 2020.

The requirements for 16VAC25-220-70 shall take effect on September 25, 2020.

This emergency temporary standard shall expire (i) within six months of its effective date, upon expiration of the Governor's State of Emergency, or when superseded by a permanent standard, whichever occurs first or (ii) when repealed by the Virginia Safety and Health Codes Board.

16VAC25-220-30. Definitions.

The following words and terms when used in this standard shall have the following meanings unless the context clearly indicates otherwise:

"Administrative control" means any procedure that significantly limits daily exposure to SARS- CoV-2 virus and COVID-19 disease related workplace hazards and job tasks by control or manipulation of the work schedule or manner in which work is performed. The use of personal protective equipment is not considered a means of administrative control.

"Airborne infection isolation room" or "AIIR" formerly a negative pressure isolation room, means a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. Environmental factors are controlled in AIIRs to minimize the transmission of infectious agents that are usually transmitted from person to person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. AIIRs provide (i) negative pressure in the room so that air flows under the door gap into the room, (ii) an air flow rate of 6-12 air changes per hour (ACH) (6 ACH for existing structures, 12 ACH for new construction or renovation), and (iii) direct exhaust of air from the room to the outside of the building or recirculation of air through a High Efficiency Particulate Air (HEPA) filter before returning to circulation.

"Asymptomatic" means a person who does not have symptoms.

"Building or facility owner" means the legal entity, including a lessee, that exercises control over management and record keeping functions relating to a building or facility in which activities covered by this standard take place.

"CDC" means Centers for Disease Control and Prevention.

"Cleaning" means the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, cleaning decreases their number and therefore any risk of spreading infection.

"Community transmission," also called "community spread," means people have been infected with SARS-CoV-2 in an area, including some who are not sure how or where they became infected. The level of community transmission is classified by the CDC as:

1. "No to minimal" where there is evidence of isolated cases or limited community transmission, case investigations are underway, and no evidence of exposure in large communal settings (e.g., healthcare facilities, schools, mass gatherings, etc.);
2. "Moderate" where there is sustained community transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases;

3. "Substantial, controlled" where there is large scale, controlled community transmission, including communal settings (e.g., schools, workplaces, etc.); or

4. "Substantial, uncontrolled" where there is large scale, uncontrolled community transmission, including communal settings (e.g., schools, workplaces, etc.).

"COVID-19" means Coronavirus Disease 2019, which is primarily a respiratory disease, caused by the SARS-CoV-2 virus.

"Disinfecting" means using chemicals approved for use against SARS-CoV-2, for example EPA-registered disinfectants, to kill germs on surfaces. The process of disinfecting does not necessarily clean dirty surfaces or remove germs, but killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

"Duration and frequency of employee exposure" means how long ("duration") and how often ("frequency") an employee is potentially exposed to the SARS-CoV-2 virus or COVID-19 disease. Generally, the greater the frequency or length of exposure, the greater the probability is for potential infection to occur. Frequency of exposure is generally more significant for acute acting agents or situations, while duration of exposure is generally more significant for chronic acting agents or situations. An example of an acute SARS-CoV-2 virus or COVID-19 disease situation would be an unprotected customer, patient, or other person coughing or sneezing directly into the face of an employee. An example of a chronic situation would be a job task that requires an employee to interact either for an extended period of time inside six feet with a smaller static group of other employees or persons or for an extended period of time inside six feet with a larger group of other employees or persons in succession but for periods of shorter duration.

"Economic feasibility" means the employer is financially able to undertake the measures necessary to comply with one or more requirements in this standard. The cost of corrective measures to be taken will not usually be considered as a factor in determining whether a violation of this standard has occurred. If an employer's level of compliance lags significantly behind that of its industry, an employer's claim of economic infeasibility will not be accepted.

"Elimination" means a method of exposure control that removes the employee completely from exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks.

"Employee" means an employee of an employer who is employed in a business of his employer. Reference to the term "employee" in this standard also includes, but is not limited to, temporary employees and other joint employment relationships, persons in supervisory or management positions with the employer, etc., in accordance with Virginia occupational safety and health laws, standards, regulations, and court rulings.

"Engineering control" means the use of substitution, isolation, ventilation, and equipment modification to reduce exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks.

"Exposure risk level" means an assessment of the possibility that an employee could be exposed to the hazards associated with SARS-CoV-2 virus and the COVID-19 disease. The exposure risk level assessment should address all risks and all modes of transmission including airborne transmission, as well as transmission by asymptomatic and presymptomatic individuals. Risk levels should be based on the risk factors present that increase risk exposure to COVID-19 and are present during the course of employment regardless of location. Hazards and job tasks have been divided into four risk exposure levels: very high, high, medium, and lower:

"Very high" exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure to known or suspected sources of the SARS-CoV-2 virus (e.g., laboratory samples) or persons known or suspected to be infected with the SARS-CoV-2 virus, including, but not limited to, during specific medical, postmortem, or laboratory procedures:

1. Aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on a patient or person known or suspected to be infected with the SARS-CoV-2 virus;
2. Collecting or handling specimens from a patient or person known or suspected to be infected with the SARS-CoV-2 virus (e.g., manipulating cultures from patients known or suspected to be infected with the SARS-CoV-2 virus); and
3. Performing an autopsy that involves aerosol-generating procedures on the body of a person known or suspected to be infected with the SARS-CoV-2 virus at the time of their death.

"High" exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure inside six feet with known or suspected sources of SARS-CoV-2, or with persons known or suspected to be infected with the SARS-CoV-2 virus that are not otherwise classified as very high exposure risk, including, but not limited to:

1. Healthcare (physical and mental health) delivery and support services provided to a patient known or suspected to be infected with the SARS-CoV-2 virus, including field hospitals (e.g., doctors, nurses, cleaners, and other hospital staff who must enter patient rooms or areas);
2. Healthcare (physical and mental) delivery, care, and support services, wellness services, non-medical support services, physical assistance, etc., provided to a patient, resident, or other person known or suspected to be infected with the SARS-CoV-2 virus involving skilled nursing services, outpatient medical services, clinical services, drug treatment programs, medical outreach services, mental health services, home health care, nursing home care, assisted living care, memory care support and services, hospice care, rehabilitation services, primary and specialty medical care, dental care, COVID-19 testing services, blood donation services, contact tracer services, and chiropractic services;
3. First responder services provided to a patient, resident, or other person known or suspected to be infected with the SARS-CoV-2 virus;
4. Medical transport services (loading, transporting, unloading, etc.) provided to patients known or suspected to be infected with the SARS-CoV-2 virus (e.g., ground or air

emergency transport, staff, operators, drivers, pilots, etc.); and

5. Mortuary services involved in preparing (e.g., for burial or cremation) the bodies of persons who are known or suspected to be infected with the SARS-CoV-2 virus at the time of their death.

"Medium" exposure risk hazards or job tasks are those not otherwise classified as very high or high exposure risk in places of employment that require more than minimal occupational contact inside six feet with other employees, other persons, or the general public who may be infected with SARS-CoV-2, but who are not known or suspected to be infected with the SARS-CoV-2 virus. Medium exposure risk hazards or job tasks may include, but are not limited to, operations and services in:

1. Poultry, meat, and seafood processing; agricultural and hand labor; commercial transportation of passengers by air, land, and water; on campus educational settings in schools, colleges, and universities; daycare and afterschool settings; restaurants and bars; grocery stores, convenience stores, and food banks; drug stores and pharmacies; manufacturing settings; indoor and outdoor construction settings; correctional facilities, jails, detentions centers, and juvenile detention centers; work performed in customer premises, such as homes or businesses; retail stores; call centers; package processing settings; veterinary settings; personal care, personal grooming, salon, and spa settings; venues for sports, entertainment, movies, theaters, and other forms of mass gatherings; homeless shelters; fitness, gym, and exercise facilities; airports, and train and bus stations; etc.; and

2. Situations not involving exposure to known or suspected sources of SARS-CoV-2: hospitals, other healthcare (physical and mental) delivery and support services in a non-hospital setting, wellness services, physical assistance, etc.; skilled nursing facilities; outpatient medical facilities; clinics, drug treatment programs, and medical outreach services; non-medical support services; mental health facilities; home health care, nursing homes, assisted living facilities, memory care facilities, and hospice care; rehabilitation centers, doctors' offices, dentists' offices, and chiropractors' offices; first responders services provided by police, fire, paramedic and emergency medical services providers, medical transport; contact tracers, etc.

"Lower" exposure risk hazards or job tasks are those not otherwise classified as very high, high, or medium exposure risk that do not require contact inside six feet with persons known to be, or suspected of being, or who may be infected with SARS-CoV-2. Employees in this category have minimal occupational contact with other employees, other persons, or the general public, such as in an office building setting; or are able to achieve minimal occupational contact through the implementation of engineering, administrative and work practice controls, such as, but not limited to

1. Installation of floor to ceiling physical barriers constructed of impermeable material and not subject to unintentional displacement (e.g., such as clear plastic walls at convenience stores behind which only one employee is working at any one time);

2. Telecommuting;

3. Staggered work shifts that allow employees to maintain physical distancing from other employees, other persons, and the general public;
4. Delivering services remotely by phone, audio, video, mail, package delivery, curbside pickup or delivery, etc., that allows employees to maintain physical distancing from other employees, other persons, and the general public; and
5. Mandatory physical distancing of employees from other employees, other persons, and the general public.

Employee use of face coverings for contact inside six feet of coworkers, customers, or other persons is not an acceptable administrative or work practice control to achieve minimal occupational contact. However, when it is necessary for an employee to have brief contact with others inside the six feet distance a face covering is required.

"Face covering" means an item normally made of cloth or various other materials with elastic bands or cloth ties to secure over the wearer's nose and mouth in an effort to contain or reduce the spread of potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth). A face covering is not intended to protect the wearer, but it may reduce the spread of virus from the wearer to others. A face covering is not a surgical/medical procedure mask. A face covering is not subject to testing and approval by a state or government agency, so it is not considered a form of personal protective equipment or respiratory protection equipment under VOSH laws, rules, regulations, and standards.

"Face shield" means a form of personal protective equipment made of transparent, impermeable materials intended to protect the entire face or portions of the face from droplets or splashes.

"Feasible" as used in this standard includes both technical and economic feasibility.

"Filtering facepiece respirator" means a negative pressure air purifying particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium. Filtering facepiece respirators are certified for use by the National Institute for Occupational Safety and Health (NIOSH).

"Hand sanitizer" means an alcohol-based hand rub containing at least 60% alcohol, unless otherwise provided for in this standard.

"HIPAA" means Health Insurance Portability and Accountability Act.

"Known to be infected with the SARS-CoV-2 virus" means a person, whether symptomatic or asymptomatic, who has tested positive for SARS-CoV-2, and the employer knew or with reasonable diligence should have known that the person has tested positive for SARS-CoV-2.

"May be infected with SARS-CoV-2 virus" means any person not currently a person known or suspected to be infected with SARS-CoV-2 virus and not currently vaccinated against the SARS-CoV-2 virus.

"Occupational exposure" means the state of being actually or potentially exposed to contact with SARS-CoV-2 virus or COVID-19 disease related hazards at the work location or while engaged in work activities at another location.

"Personal protective equipment" means equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, biological, or other workplace hazards. Personal protective equipment may include, but is not limited to, items such as gloves, safety glasses, shoes, earplugs or muffs, hard hats, respirators, surgical/medical procedure masks, gowns, face shields, coveralls, vests, and full body suits.

"Physical distancing" also called "social distancing" means keeping space between yourself and other persons while conducting work-related activities inside and outside of the physical establishment by staying at least six feet from other persons. Physical separation of an employee from other employees or persons by a permanent, solid floor to ceiling wall constitutes physical distancing from an employee or other person stationed on the other side of the wall.

"Respirator" means a protective device that covers the nose and mouth or the entire face or head to guard the wearer against hazardous atmospheres. Respirators are certified for use by the National Institute for Occupational Safety and Health (NIOSH). Respirators may be (i) tight-fitting, which means either a half mask that covers the mouth and nose or a full face piece that covers the face from the hairline to below the chin or (ii) loose-fitting, such as hoods or helmets that cover the head completely.

There are two major classes of respirators:

1. Air-purifying, which remove contaminants from the air; and
2. Atmosphere-supplying, which provide clean, breathable air from an uncontaminated source. As a general rule, atmosphere-supplying respirators are used for more hazardous exposures.

"Respirator user" means an employee who in the scope of their current job may be assigned to tasks that may require the use of a respirator in accordance with this standard or required by other provisions in the VOSH and OSHA standards.

"SARS-CoV-2" means a betacoronavirus, like MERS-CoV and SARS-CoV. Coronaviruses are named for the crown-like spikes on their surfaces. The SARS-CoV-2 causes what has been designated as the Coronavirus Disease 2019 (COVID-19).

"Signs of COVID-19" include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, etc.

"Surgical/medical procedure mask" means a mask to be worn over the wearer's nose and mouth that is fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids, and prevents the wearer from exposing others in the same fashion. A surgical/medical procedure mask protects others from the

wearer's respiratory emissions. A surgical/medical procedure mask has a loose fitting face seal. A surgical/medical procedure mask does not provide the wearer with a reliable level of protection from inhaling smaller airborne particles. A surgical/medical procedure mask is considered a form of personal protective equipment, but is not considered respiratory protection equipment under VOSH laws, rules, regulations, and standards. Testing and approval is cleared by the U.S. Food and Drug Administration (FDA).

"Suspected to be infected with SARS-CoV-2 virus" means a person who has signs or symptoms of COVID-19 but has not tested positive for SARS-CoV-2, and no alternative diagnosis has been made (e.g., tested positive for influenza).

"Symptomatic" means the employee is experiencing symptoms similar to those attributed to COVID-19 including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Symptoms may appear in two to 14 days after exposure to the virus.

"Technical feasibility" means the existence of technical know-how as to materials and methods available or adaptable to specific circumstances that can be applied to one or more requirements in this standard with a reasonable possibility that employee exposure to the SARS-CoV-2 virus and COVID-19 disease hazards will be reduced. If an employer's level of compliance lags significantly behind that of the employer's industry, allegations of technical infeasibility will not be accepted.

"VOSH" means Virginia Occupational Safety and Health.

"Work practice control" means a type of administrative control by which the employer modifies the manner in which the employee performs assigned work. Such modification may result in a reduction of exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks through such methods as changing work habits, improving sanitation and hygiene practices, or making other changes in the way the employee performs the job.

16VAC25-220-40. Mandatory requirements for all employers.

A. Employers in all exposure risk levels shall ensure compliance with the requirements in this section to protect employees from workplace exposure to the SARS-CoV-2 virus that causes the COVID-19 disease.

B. Exposure assessment and determination, notification requirements, and employee access to exposure and medical records.

1. Employers shall assess their workplace for hazards and job tasks that can potentially expose employees to the SARS-CoV-2 virus or COVID-19 disease. Employers shall classify each job task according to the hazards employees are potentially exposed to and ensure compliance with the applicable sections of this standard for very high, high, medium, or lower risk levels of exposure. Tasks that are similar in nature and expose employees to the same hazard may be grouped for classification purposes.

2. Employers shall inform employees of the methods of and encourage employees to self-monitor for signs and symptoms of COVID-19 if employees suspect possible exposure or are experiencing signs of an oncoming illness.

3. Serological testing, also known as antibody testing, is a test to determine if persons have been infected with SARS-CoV-2 virus. Serological testing has not been determined if persons who have the antibodies are immune from infection.

a. Serologic test results shall not be used to make decisions about returning employees to work who were previously classified as known or suspected to be infected with the SARS- CoV-2 virus.

b. Serologic test results shall not be used to make decisions concerning employees who were previously classified as known or suspected to be infected with the SARS-CoV-2 virus about grouping, residing in or being admitted to congregate settings, such as schools, dormitories, etc.

4. Employers shall develop and implement policies and procedures for employees to report when employees are experiencing symptoms consistent with COVID-19, and no alternative diagnosis has been made (e.g., tested positive for influenza). Such employees shall be designated by the employer as "suspected to be infected with SARS-CoV-2 virus."

5. Employers shall not permit employees or other persons known or suspected to be infected with SARS-CoV-2 virus to report to or remain at the work site or engage in work at a customer or client location until cleared for return to work (see subsection C of this section). Nothing in this standard shall prohibit an employer from permitting an employee known or suspected to be infected with SARS-CoV-2 virus from engaging in teleworking or other form of work isolation that would not result in potentially exposing other employees to the SARS-CoV-2 virus.

6. To the extent feasible and permitted by law, including but not limited to the Families First Coronavirus Response Act, employers shall ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

7. Employers shall discuss with subcontractors and companies that provide contract or temporary employees about the importance of employees or other persons who are known or suspected to be infected with the SARS-CoV-2 virus of staying home. Subcontractor, contract, or temporary employees known or suspected to be infected with the SARS-CoV-2 virus shall not report to or be allowed to remain at the work site until cleared for return to work. Subcontractors shall not allow their known or suspected to be infected with the SARS-CoV- 2 virus employees to report to or be allowed to remain at work or on a job site until cleared for return to work.

8. To the extent permitted by law, including HIPAA, employers shall establish a system to receive reports of positive SARS-CoV-2 tests by employees, subcontractors, contract employees, and temporary employees (excluding patients hospitalized on the basis of being known or suspected to be infected with SARS-CoV-2 virus) present at the place of employment within the previous 14 days from the date of positive test, and the employer shall notify:

a. The employer's own employees who may have been exposed, within 24 hours of discovery of the employees possible exposure, while keeping confidential the identity of the known to be infected with SARS-CoV-2 virus person in accordance with the requirements of the Americans with Disabilities Act (ADA) and other applicable federal and Virginia laws and regulations; and

b. In the same manner as subdivision 8 a of this subsection, other employers whose employees were present at the work site during the same time period; and

c. In the same manner as subdivision 8 a of this subsection, the building or facility owner. The building or facility owner will require all employer tenants to notify the owner of the occurrence of a SARS-CoV-2-positive test for any employees or residents in the building. This notification will allow the owner to take the necessary steps to sanitize the common areas of the building. In addition, the building or facility owner will notify all employer tenants in the building that one or more cases have been discovered and the floor or work area where the case was located. The identity of the individual will be kept confidential in accordance with the requirements of the Americans with Disabilities Act (ADA) and other applicable federal and Virginia laws and regulations; and

d. The Virginia Department of Health within 24 hours of the discovery of a positive case; and

e. The Virginia Department of Labor and Industry within 24 hours of the discovery of three or more employees present at the place of employment within a 14-day period testing positive for SARS-CoV-2 virus during that 14-day time period.

9. Employers shall ensure employee access to the employee's own SARS-CoV-2 virus and COVID-19 disease related exposure and medical records in accordance with the standard applicable to its industry. Employers in the agriculture, public sector marine terminal, and public sector longshoring industries shall ensure employees access to the employees' own SARS-CoV-2 virus and COVID-19 disease related exposure and medical records in accordance with 16VAC25-90-1910.1020, Access to Employee Exposure and Medical Records.

C. Return to work.

1. The employer shall develop and implement policies and procedures for employees known or suspected to be infected with the SARS-CoV-2 virus to return to work using either a symptom-based or test-based strategy, depending on local healthcare and testing circumstances. While an employer may rely on other reasonable options, a policy that involves consultation with appropriate healthcare professionals concerning when an employee has satisfied the symptoms based strategy requirements in subdivision 1 a of this subsection will constitute compliance with the requirements of this subsection.

a. For known or suspected to be infected with the SARS-CoV-2 virus employees the symptom-based strategy excludes an employee from returning to work until (i) at least three days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) and (ii) at least 10 days have passed since

symptoms first appeared.

b. The test-based strategy excludes an employee from returning to work until (i) resolution of fever without the use of fever-reducing medications, (ii) improvement in respiratory symptoms (e.g., cough, shortness of breath), and (iii) negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected 24 hours or more apart (total of two negative specimens).

i. If a known or suspected to be infected with the SARS-CoV-2 virus employee refuses to be tested, the employer compliance with subdivision 1 a of this subsection, symptom-based strategy, will be considered in compliance with this standard. Nothing in this standard shall be construed to prohibit an employer from requiring a known or suspected to be infected with the SARS-CoV-2 virus employee to be tested in accordance with subdivision 1 b of this subsection.

ii. For purposes of this section, COVID-19 testing is considered a "medical examination" under § 40.1-28 of the Code of Virginia. The employer shall not require the employee to pay for the cost of COVID-19 testing for return to work determinations.

2. The employer shall develop and implement policies and procedures for known to be infected with SARS-CoV-2 asymptomatic employees to return to work using either a time-based or test-based strategy depending on local healthcare and testing circumstances. While an employer may rely on other reasonable options, a policy that involves consultation with appropriate healthcare professionals concerning when an employee has satisfied the time based strategy requirements in subdivision 2 a of this subsection will constitute compliance with the requirements of this subsection.

a. The time-based strategy excludes an employee from returning to work until at least 10 days have passed since the date of the employee's first positive COVID-19 diagnostic test assuming the employee has not subsequently developed symptoms since the employee's positive test. If the employee develops symptoms, then the symptom-based or test-based strategy shall be used.

b. The test-based strategy excludes an employee from returning to work until negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected 24 hours or more apart (total of two negative specimens).

i If a known to be infected with SARS-CoV-2 asymptomatic employee refuses to be tested, employer compliance with subdivision 2 a of this subsection, time-based strategy, will be considered in compliance with this standard. Nothing in this standard shall be construed to prohibit an employer from requiring a known to be infected with SARS-CoV-2 asymptomatic employee to be tested in accordance with subdivision 2 b of this subsection.

ii. For purposes of this section, COVID-19 testing is considered a "medical examination" under § 40.1-28 of the Code of Virginia. The employer shall not require the employee to pay for the cost of COVID-19 testing for return to work determinations.

D. Unless otherwise provided in this standard, employers shall ensure that employees observe physical distancing while on the job and during paid breaks on the employer's property, including policies and procedures that:

1. Use verbal announcements, signage, or visual cues to promote physical distancing.
2. Decrease worksite density by limiting non-employee access to the place of employment or restrict access to only certain workplace areas to reduce the risk of exposure.
3. An employer's compliance with occupancy limits contained in any applicable Virginia executive order or order of public health emergency will constitute compliance with the requirements in this subsection.

E. Access to common areas, breakrooms, or lunchrooms shall be closed or controlled.

1 If the nature of an employer's work or the work area does not allow employees to consume meals in the employee's workspace while observing physical distancing, an employer may designate, reconfigure, and alternate usage of spaces where employees congregate, including lunch and break rooms, locker rooms, time clocks, etc., with controlled access, provided the following conditions are met:

a. At the entrance of the designated common area or room the employer shall clearly post the policy limiting the occupancy of the space, and requirements for physical distancing, hand washing and hand sanitizing, and cleaning and disinfecting of shared surfaces.

b. The employer shall limit occupancy of the designated common area or room so that occupants can maintain physical distancing from each other. The employer shall enforce the occupancy limit.

c. Employees shall be required to clean and disinfect the immediate area in which they were located prior to leaving, or the employer may provide for cleaning and disinfecting of the common area or room at regular intervals throughout the day, and between shifts of employees using the same common area or room (i.e., where an employee or groups of employees have a designated lunch period and the common area or room can be cleaned in between occupancies).

d. Hand washing facilities, and hand sanitizer where feasible, are available to employees. Hand sanitizers required for use to protect against SARS-CoV-2 are flammable and use and storage in hot environments can result in a hazard.

F. When multiple employees are occupying a vehicle for work purposes, the employer shall ensure compliance with respiratory protection and personal protective equipment standards applicable to the employer's industry.

G. Employers shall also ensure compliance with mandatory requirements of any applicable Virginia executive order or order of public health emergency.

H. Where the nature of an employee's work or the work area does not allow the employee to observe physical distancing requirements, employers shall ensure compliance with respiratory protection and personal protective equipment standards applicable to its industry.

I. Nothing in this standard shall require the use of a respirator, surgical/medical procedure mask, or face covering by any employee for whom doing so would be contrary to the

employee's health or safety because of a medical condition; however, nothing in this standard shall negate an employer's obligations to comply with personal protective equipment and respiratory protection standards applicable to its industry.

J. Requests to the Department for religious waivers from the required use of respirators, surgical/medical procedure masks, or face coverings will be handled in accordance with the requirements of applicable federal and state law, standards, regulations and the U.S. and Virginia Constitutions, after Department consultation with the Office of the Attorney General.

K. Sanitation and disinfecting.

1. In addition to the requirements contained in this standard, employers shall comply with the VOSH sanitation standard applicable to its industry.

2. Employees that interact with customers, the general public, contractors, and other persons shall be provided with and immediately use supplies to clean and disinfectant surfaces contacted during the interaction where there is the potential for exposure to the SARS-CoV-2 virus by themselves or other employees.

3. In addition to the requirements contained in this standard, employers shall comply with the VOSH hazard communication standard applicable to the employers' industry for cleaning and disinfecting materials and hand sanitizers.

4. Areas in the place of employment where known or suspected to be infected with the SARS-CoV-2 virus employees or other persons accessed or worked shall be cleaned and disinfected prior to allowing other employees access to the areas. Where feasible, a period of 24 hours will be observed prior to cleaning and disinfecting. This requirement shall not apply if the areas in question have been unoccupied for seven or more days.

5. All common spaces, including bathrooms, frequently touched surfaces, and doors, shall at a minimum be cleaned and disinfected at the end of each shift. All shared tools, equipment, workspaces, and vehicles shall be cleaned and disinfected prior to transfer from one employee to another.

6. Employers shall ensure that cleaning and disinfecting products are readily available to employees to accomplish the required cleaning and disinfecting. In addition, employers shall ensure use of only disinfecting chemicals and products indicated in the Environmental Protection Agency (EPA) List N for use against SARS-CoV-2.

7. Employers shall ensure that the manufacturer's instructions for use of all disinfecting chemicals and products are complied with (e.g., concentration, application method, contact time, PPE, etc.).

8. Employees shall have easy, frequent access and permission to use soap and water, and hand sanitizer where feasible, for the duration of work. Employees assigned to a work station where job tasks require frequent interaction inside six feet with other persons shall be provided with hand sanitizer where feasible at the employees work station. Mobile crews shall be provided with hand sanitizer where feasible for the duration of work at a work site and shall have transportation immediately available to nearby toilet facilities and handwashing facilities that meet the requirements of VOSH laws, standards, and regulations dealing with sanitation. Hand sanitizers required for use to protect against SARS-CoV-2 are flammable, and use and storage in hot environments can result in a hazard.

9. It is recognized that various hazards or job tasks at the same place of employment can be designated as very high, high, medium, or lower as presenting potential exposure risk for purposes of application of the requirements of this standard. In situations other than emergencies, the employer shall ensure that protective measures are put in place to prevent cross-contamination.

L. Unless otherwise provided in this standard, when engineering, work practice, and administrative controls are not feasible or do not provide sufficient protection, employers shall provide personal protective equipment to their employees and ensure the equipment's proper use in accordance with VOSH laws, standards, and regulations applicable to personal protective equipment, including respiratory protection equipment.

16VAC25-220-50. Requirements for hazards or job tasks classified as very high or high exposure risk.

A. The requirements in this section for employers with hazards or job tasks classified as very high or high exposure risk apply in addition to requirements contained in 16VAC25-220-40, 16VAC25-220-70, and 16VAC25-220-80.

B. Engineering controls.

1. Employers shall ensure that appropriate air-handling systems:

a. Are installed and maintained in accordance with manufacturer's instructions in healthcare facilities and other places of employment treating, caring for, or housing persons with known or suspected to be infected with the SARS-CoV-2 virus; and

b. Comply with minimum American National Standards Institute (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b), which include requirements for outdoor air ventilation in most residential and nonresidential spaces, and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a), which covers both outdoor and total air ventilation in healthcare facilities. Based on risk assessments or owner project requirements, designers of new and existing facilities can go beyond the minimum requirements of these standards.

2. For employers not covered by subdivision 1 of this subsection, ensure that air-handling systems where installed are appropriate to address the SARS-CoV-2 virus and COVID-19 disease related hazards and job tasks that occur at the workplace:

a. Are maintained in accordance with the manufacturer's instructions;

and b. Comply with subdivision 1 b of this subsection.

3. Hospitalized patients with known or suspected to be infected with the SARS-CoV-2 virus, where feasible and available, shall be placed in an airborne infection isolation room (AIIR).

4. Employers shall use AIIR rooms when available for performing aerosol-generating procedures on patients with known or suspected to be infected with the SARS-CoV-2 virus.

5. For postmortem activities, employers shall use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of known or

suspected to be infected with the SARS-CoV-2 virus persons at the time of their death.

6. Employers shall use special precautions associated with Biosafety Level 3 (BSL-3), as defined by the U.S. Department of Health and Human Services Publication No. (CDC) 21-1112 "Biosafety in Microbiological and Biomedical Laboratories" (Dec. 2009), which is hereby incorporated by reference, when handling specimens from known or suspected to be infected with the SARS-CoV-2 virus patients or persons.

7. To the extent feasible, employers shall install physical barriers, (e.g., clear plastic sneeze guards, etc.), where such barriers will aid in mitigating the spread of SARS-CoV-2 and COVID-19 virus transmission.

C. Administrative and work practice controls.

1. Prior to the commencement of each work shift, prescreening or surveying shall be required to verify each covered employee does not have signs or symptoms of COVID-19.

2. In healthcare facilities, an employer shall follow existing guidelines and facility standards of practice for identifying and isolating infected persons and for protecting employees.

3. An employer shall limit non-employee access to the place of employment or restrict access to only certain workplace areas to reduce the risk of exposure. An employer's compliance with occupancy limits contained in any applicable Virginia executive order or order of public health emergency will constitute compliance with the requirements of this paragraph.

4. An employer shall post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face coverings.

5. An employer shall offer enhanced medical monitoring of employees during COVID-19 outbreaks.

6. An employer shall provide all employees with job-specific education and training on preventing transmission of COVID-19, including initial and routine and refresher training in accordance with 16VAC25-220-80.

7. To the extent feasible, an employer shall ensure that psychological and behavioral support is available to address employee stress at no cost to the employee.

8. In health care settings, an employer shall provide alcohol-based hand sanitizers containing at least 60% ethanol or 70% isopropanol to employees at fixed work sites and to emergency responders and other personnel for decontamination in the field when working away from fixed work sites.

9. Provide face coverings to suspected to be infected with SARS-CoV-2 virus non-employees to contain respiratory secretions until the non-employees are able to leave the site (i.e., for medical evaluation and care or to return home).

10. Where feasible, employers shall:

a. Implement flexible worksites (e.g., telework).

b. Implement flexible work hours (e.g., staggered shifts).

- c. Increase physical distancing between employees at the worksite to six feet.
- d. Increase physical distancing between employees and other persons to six feet.
- e. Implement flexible meeting and travel options (e.g., use telephone or video conferencing instead of in person meetings; postpone non-essential travel or events; etc.).
- f. Deliver services remotely (e.g. phone, video, internet, etc.).
- g. Deliver products through curbside pick-up.

D. Personal protective equipment (PPE).

1. Employers covered by this section and not otherwise covered by the VOSH Standards for General Industry (16VAC25-90-1910), shall comply with the following requirements for a SARS-CoV-2 virus and COVID-19 disease hazard assessment and personal protective equipment selection:

a. The employer shall assess the workplace to determine if SARS-CoV-2 virus or COVID-19 disease hazards or job tasks are present or are likely to be present that necessitate the use of personal protective equipment (PPE). The employer shall provide for employee and employee representative involvement in the assessment process.

b. If such hazards or job tasks are present or likely to be present, the employer shall:

(1) Except as otherwise required in the standard, select and have each affected employee use the types of PPE that will protect the affected employee from the SARS-CoV-2 virus or COVID-19 disease hazards identified in the hazard assessment;

(2) Communicate selection decisions to each affected employee;

and (3) Select PPE that properly fits each affected employee.

2. The employer shall verify that the required SARS-CoV-2 virus and COVID-19 disease workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date of the hazard assessment; and the document as a certification of hazard assessment.

3. Unless specifically addressed by an industry specific standard applicable to the employer and providing for PPE protections to employees from the SARS-COV-2 virus or COVID-19 disease (e.g., 16VAC25-175-1926, 16VAC25-190-1928, 16VAC25-100-1915, 16VAC25-

120-1917, or 16VAC25-130-1918), the requirements of 16VAC25-90-1910.132 (General requirements) and 16VAC25-90-1910.134 (Respiratory protection) shall apply to all employers for that purpose.

4. The employer shall implement a respiratory protection program in accordance with 16VAC25-90-1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), that covers each employee required to use a respirator.

5. Unless contraindicated by a hazard assessment and equipment selection requirements in subdivision 1 of this subsection, employees classified as very high or high exposure risk shall be provided with and wear gloves, a gown, a face shield or goggles, and a respirator

when in contact with or inside six feet of patients or other persons known to be or suspected of being infected with SARS-CoV-2. Where indicated by the hazard assessment and equipment selection requirements in subsection D of this section, such employees shall also be provided with and wear a surgical/medical procedure mask. Gowns shall be large enough to cover the areas requiring protection.

E. Employee training shall be provided in accordance with the requirements of 16VAC25-220- 80 of this standard.

16VAC25-220-60. Requirements for hazards or job tasks classified at medium exposure risk.

A. The requirements in this section for employers with hazards or job tasks classified as medium exposure risk apply in addition to requirements contained in 16VAC25-220-40, 16VAC25-220- 70, and 16VAC25-220-80.

B. Engineering controls.

1. Employers shall ensure that air-handling systems where installed are appropriate to address the SARS-CoV-2 virus and COVID-19 disease related hazards and job tasks that occur at the workplace and:

- a. Are maintained in accordance with the manufacturer's instructions; and
- b. Comply with minimum American National Standards Institute (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b), which include requirements for outdoor air ventilation in most residential and nonresidential spaces, and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a), which covers both outdoor and total air ventilation in healthcare facilities. Based on risk assessments or owner project requirements, designers of new and existing facilities can go beyond the minimum requirements of these standards.

C. Administrative and work practice controls.

1. To the extent feasible, employers shall implement the following administrative and work practice controls:

- a. Prior to the commencement of each work shift, prescreening or surveying shall be required to verify each covered employee does not have signs or symptoms of COVID-19.
- b. Provide face coverings to suspected to be infected with SARS-CoV-2 non-employees to contain respiratory secretions until the non-employees are able to leave the site (i.e., for medical evaluation and care or to return home).
- c. Implement flexible worksites (e.g., telework).
- d. Implement flexible work hours (e.g., staggered shifts).
- e. Increase physical distancing between employees at the worksite to six feet.
- f. Increase physical distancing between employees and other persons, including customers to six feet (e.g., drive-through physical barriers) where such barriers will aid in mitigating the spread of SARS-CoV-2 virus transmission, etc.

g. To the extent feasible, install physical barriers (e.g., such as clear plastic sneeze guards, etc.), where such barriers will aid in mitigating the spread of SARS-CoV-2 virus transmission.

h. Implement flexible meeting and travel options (e.g., using telephone or video conferencing instead of in person meetings; postponing non-essential travel or events; etc.).

i. Deliver services remotely (e.g. phone, video, internet, etc.). j. Deliver products through curbside pick-up or delivery.

k. Require employers to provide and employees to wear face coverings who, because of job tasks cannot feasibly practice physical distancing from another employee or other person if the hazard assessment has determined that personal protective equipment, such as respirators or surgical/medical procedure masks, was not required for the job task.

l. Require employers to provide and employees in customer facing jobs to wear face coverings.

D. Personal protective equipment.

1. Employers covered by this section and not otherwise covered by the VOSH Standards for General Industry (16VAC25-90-1910) shall comply with the following requirements for a SARS-CoV-2 virus and COVID-19 disease related hazard assessment and personal protective equipment selection:

a. The employer shall assess the workplace to determine if SARS-CoV-2 or COVID-19 hazards or job tasks are present or are likely to be present that necessitate the use of personal protective equipment (PPE). The employer shall provide for employee and employee representative involvement in the assessment process. If such hazards or job tasks are present or likely to be present, the employer shall:

i. Except as otherwise required in the standard, select and have each affected employee use the types of PPE that will protect the affected employee from the SARS-CoV-2 virus or COVID-19 disease hazards identified in the hazard assessment;

ii. Communicate selection decisions to each affected employee;

and iii. Select PPE that properly fits each affected employee.

2. The employer shall verify that the required SARS-CoV-2 virus and COVID-19 disease workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date of the hazard assessment; and the document as a certification of hazard assessment.

3. Unless specifically addressed by an industry specific standard applicable to the employer and providing for PPE protections to employees from the SARS-COV-2 virus or COVID-19 disease (e.g., 16VAC25-175-1926, 16VAC25-190-1928, 16VAC25-100-1915, 16VAC25-

120-1917, or 16VAC25-130-1918), the requirements of 16VAC25-90-1910.132 (General requirements) and 16VAC25-90-1910.134 (Respiratory protection) shall apply to all employers for that purpose.

4. PPE ensembles for employees in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures employees have on the job.

16VAC25-220-70. Infectious disease preparedness and response plan.

A. Employers with hazards or job tasks classified as:

1. Very high and high shall develop and implement a written Infectious Disease Preparedness and Response Plan;
2. Medium with 11 or more employees shall develop and implement a written Infectious Disease Preparedness and Response Plan.

B. The plan and training requirements tied to the plan shall only apply to those employees classified as very high, high, and medium covered by this section.

C. Employers shall designate a person to be responsible for implementing their plan. The plan shall:

1. Identify the name or title of the person responsible for administering the plan. This person shall be knowledgeable in infection control principles and practices as the principles and practices apply to the facility, service, or operation.
2. Provide for employee involvement in development and implementation of the plan.
3. Consider and address the level of SARS-CoV-2 virus and COVID-19 disease risk associated with various places of employment, the hazards employees are exposed to at those sites, and job tasks employees perform at those sites. Such considerations shall include:
 - a. Where, how, and to what sources of the SARS-CoV-2 virus or COVID-19 disease might employees be exposed at work, including:
 - i. The general public, customers, other employees, patients, and other persons;
 - ii. Known or suspected to be infected with the SARS-CoV-2 virus persons or those at particularly high risk of COVID-19 infection (e.g., local, state, national, and international travelers who have visited locations with ongoing COVID-19 community transmission and healthcare employees who have had unprotected exposures to known or suspected to be infected with SARS-CoV-2 virus persons); and
 - iii. Situations where employees work more than one job with different employers and encounter hazards or engage in job tasks that present a very high, high, or medium level of exposure risk.
 - b. To the extent permitted by law, including HIPAA, employees' individual risk factors. For example, people of any age with one or more of the following conditions are at increased risk of severe illness from COVID-19: chronic kidney disease; COPD (chronic obstructive pulmonary disease); immunocompromised state (weakened immune system) from solid organ transplant; obesity (body mass index or BMI of 40 or higher);

serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; sickle cell disease; or type 2 diabetes mellitus. Also, for example, people with one or more of the following conditions might be at an increased risk for severe illness from COVID-19: asthma (moderate-to-severe); cerebrovascular disease (affects blood vessels and blood supply to the brain); cystic fibrosis; hypertension or high blood pressure; immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines; neurologic conditions, such as dementia; liver disease; pregnancy; pulmonary fibrosis (having damaged or scarred lung tissues); smoking; thalassemia (a type of blood disorder); type 1 diabetes mellitus; etc.

c. Engineering, administrative, work practice, and personal protective equipment controls necessary to address those risks.

4. Consider contingency plans for situations that may arise as a result of outbreaks, such as:

- a. Increased rates of employee absenteeism;

b. The need for physical distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing workplace control measures such as elimination and substitution, engineering controls, administrative and work practice controls, and personal protective equipment, e.g., respirators, surgical/medical procedure masks, etc.

c. Options for conducting essential operations with a reduced workforce, including cross-training employees across different jobs in order to continue operations or deliver surge services; and

d. Interrupted supply chains or delayed deliveries.

5. Identify basic infection prevention measures to be implemented:

a. Promote frequent and thorough hand washing, including by providing employees, customers, visitors, the general public, and other persons to the place of employment with a place to wash their hands. If soap and running water are not immediately available, provide hand sanitizers.

b. Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment.

c. Establish policies and procedures for managing and educating visitors to the place of employment.

6. Provide for the prompt identification and isolation of known or suspected to be infected with the SARS-CoV-2 virus employees away from work, including procedures for employees to report when they are experiencing symptoms of COVID-19.

7. Address infectious disease preparedness and response with outside businesses, including, but not limited to, subcontractors who enter the place of employment, businesses that provide or contract or temporary employees to the employer, and other persons accessing the place of employment to comply with the requirements of this standard and the employer's plan.

8. Identify the mandatory and non-mandatory recommendations in any CDC guidelines or

Commonwealth of Virginia guidance documents the employer is complying with, if any, in lieu of a provision of this standard, as provided for in 16VAC25-220-10 G 1 and G 2.

9. Ensure compliance with mandatory requirements of any applicable Virginia executive order or order of public health emergency related to the SARS-CoV-2 virus or COVID-19 disease.

16VAC25-220-80. Training.

A. Employers with hazards or job tasks classified as very high, high, or medium exposure risk at a place of employment shall provide training on the hazards and characteristics of the SARS-CoV-2 virus and COVID-19 disease to all employees working at the place of employment regardless of employee risk classification. The training program shall enable each employee to recognize the hazards of the SARS-CoV-2 virus and signs and symptoms of COVID-19 disease and shall train each employee in the procedures to be followed in order to minimize these hazards.

B. The training required under subsection A shall include:

1. The requirements of this standard;
2. The mandatory and non-mandatory recommendations in any CDC guidelines or State of Virginia guidance documents the employer is complying with, if any, in lieu of a provision of this standard as provided for in section 16VAC25-220-10 G 1 and G 2;
3. The characteristics and methods of transmission of the SARS-CoV-2 virus;
4. The signs and symptoms of the COVID-19 disease;
5. Risk factors of severe COVID-19 illness with underlying health conditions;
6. Awareness of the ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus;
7. Safe and healthy work practices, including but not limited to, physical distancing, disinfection procedures, disinfecting frequency, ventilation, noncontact methods of greeting, etc.;
8. PPE:
 - a. When PPE is required;
 - b. What PPE is required;
 - c. How to properly don, doff, adjust, and wear PPE;
 - d. The limitations of PPE;
 - e. The proper care, maintenance, useful life, and disposal of PPE; and
 - f. Heat-related illness prevention including the signs and symptoms of heat-related illness;
9. The anti-discrimination provisions in 16VAC25-220-90; and

10. The employer's Infectious Disease Preparedness and Response Plan, where applicable.

C. Employers covered by 16VAC25-220-50 shall verify compliance with 16VAC25-220-80 A by preparing a written certification record for those employees exposed to hazards or job tasks classified as very high, high, or medium exposure risk levels. The written certification record shall contain the name or other unique identifier of the employee trained, the trained employee's physical or electronic signature, the date of the training, and the name of the person who conducted the training, or for computer-based training, the name of the person or entity that prepared the training materials. If the employer relies on training conducted by another employer or completed prior to the effective date of this standard, the certification record shall indicate the date the employer determined the prior training was adequate rather than the date of actual training

D. The latest training certification shall be maintained.

E. When the employer has reason to believe that any affected employee who has already been trained does not have the understanding and skill required by 16VAC25-220-80 A, the employer shall retrain each such employee. Circumstances where retraining is required include, but are not limited to, situations where:

1. Changes in the workplace, SARS-CoV-2 virus or COVID-19 disease hazards exposed to, or job tasks performed render previous training obsolete;
2. Changes are made to the employer's Infectious Disease Preparedness and Response Plan; or
3. Inadequacies in an affected employee's knowledge or use of workplace control measures indicate that the employee has not retained the requisite understanding or skill.

F. Employers with hazards or job tasks classified at lower risk shall provide written or oral information to employees exposed to such hazards or engaged in such job tasks on the hazards and characteristics of SARS-COV-2 and the symptoms of COVID-19 and measures to minimize exposure. The Department of Labor and Industry shall develop an information sheet containing information on the items listed in subsection G, which an employer may utilize to comply with this subsection.

G. The information required under subsection F shall include at a minimum: 1. The requirements of this standard;

2. The characteristics and methods of transmission of the SARS-CoV-2 virus; 3. The symptoms of the COVID-19 disease;

1. The ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus;
2. Safe and healthy work practices and control measures, including but not limited to, physical distancing, sanitation and disinfection practices; and
3. The anti-discrimination provisions of this standard in 16VAC25-220-90.

16VAC25-220-90. Discrimination against an employee for exercising rights under this standard is prohibited.

A. No person shall discharge or in any way discriminate against an employee because the employee has exercised rights under the safety and health provisions of this standard, Title 40.1 of the Code of Virginia, and implementing regulations under 16VAC25-60-110 for themselves or others.

B. No person shall discharge or in any way discriminate against an employee who voluntarily provides and wears the employee's own personal protective equipment, including but not limited to a respirator, face shield, or gloves, or face covering if such equipment is not provided by the employer, provided that the PPE does not create a greater hazard to the employee or create a serious hazard for other employees.

C. No person shall discharge or in any way discriminate against an employee who raises a reasonable concern about infection control related to the SARS-CoV-2 virus and COVID-19 disease to the employer, the employer's agent, other employees, a government agency, or to the public such as through print, online, social, or any other media.

D. Nothing in this standard shall limit an employee from refusing to do work or enter a location that the employee feels is unsafe. 16VAC25-60-110 contains the requirements concerning discharge or discipline of an employee who has refused to complete an assigned task because of a reasonable fear of injury or death.

DOCUMENTS INCORPORATED BY REFERENCE (16VAC25-220)

[List N Products with Emerging Viral Pathogens and Human Coronavirus claims for use against SARS-CoV-2](#), U.S. Environmental Protection Agency, Date Accessed July 20, 2020

[Biosafety in Microbiological and Biomedical Laboratories](#), 5th Edition, HHS Publication No. (CDC) 21-112, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institutes of Health Revised December 2009

VA.R. Doc. No. R20-6457; Filed July 24, 2020, 2:04 p.m.

The foregoing was downloaded from

http://register.dls.virginia.gov/documents/agency_resources/16VAC25-220emer.pdf on August 31, 2020 at 3:12 PM.

APPENDIX G - Infectious Disease Awareness and Prevention Training Material



MADISON COUNTY PANDEMIC PREPAREDNESS AND RESPONSE TRAINING

September 2020

1

OUTLINE

- Purpose/Goals
- Emergency Action Plan
- Regulatory Compliance
- Telework Policy
- Training Requirement/Certification Documents

2

RESOURCES

Material and reference material for this presentation was obtained from:

- Virginia Department of Labor and Industry
 - <https://www.doli.virginia.gov/covid-19-outreach-education-and-training/>
- VACoRP
 - www.vaco.org
- Orange County
- Centers for Disease Control
 - www.cdc.gov

3

TRAINING PURPOSES/GOALS

- Continue raising awareness of the issue
- Add to employee understanding of issues facing the community and the County's workforce
- Meet regulatory requirements

4

EMERGENCY ACTION PLAN

Appendix A – Contact List
Appendix B – Public Statement on Emergency Action Plan
Appendix C – Families First Coronavirus Response Act Policy
Appendix D – Telework Policy
Appendix E – COVID-19 and Infectious Disease Prevention Plan
Organization Policy
Definitions
Employee Requirements
Return to Work
Position Risk Assessment
Contingency Plan in the Event of an Infectious Disease Outbreak
Training
Responsible Party
Appendix F – Temporary Emergency Temporary Standard (§16VAC25-220)
Appendix G – Infectious Disease Awareness and Prevention Training Material

5

COVID-19 TEMPORARY EMERGENCY STANDARD

§16VAC25-220-10.

This **emergency temporary standard** is designed to establish requirements for employers to control, prevent, and mitigate the spread of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19) to and among employees and employers.

<https://www.doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-Emergency-Temporary-Standard-FOR-PUBLIC-DISTRIBUTION-FINAL-7.17.2020.pdf>

6

EXPOSURE RISK LEVELS TO COVID-19



The four exposure risk levels represent probable distribution of risk.

Madison County jobs are categorized as either medium or high risk.

- All responder positions (EMS, law enforcement, animal control) are considered high risk.
- All other jobs are considered medium risk.

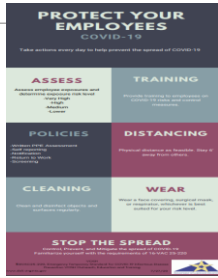
7

Exposure Risk Levels

- **HIGH RISK:**
 - High potential for employee exposure inside six feet.
 - Ex. Personnel with regular required interaction with the clients, patients, or others all with known or suspected sources of COVID-19.
 - Responders may be required to touch other individuals.
- **MEDIUM RISK:**
 - Requires more than minimal occupational contact inside six feet
 - Ex. Personnel with regular required interaction with the public, clients, or work colleagues, vendors, or contractors all without known or suspected sources of COVID-19.

8

Training Required



For High & Medium Risk Employees

- Required by new DOLI regulation
- Characteristics and methods of the spread of the virus
- Risk factors
- Awareness & Training
- Safe & Healthy Work Practices
- PPE
- Anti-Discrimination
- Infectious Disease Preparedness Response Plan
- Families First Coronavirus Response Act

CHARACTERISTICS & METHODS OF TRANSMISSION OF COVID-19

Coronaviruses are named for the crown-like spikes on their surface. SARS-CoV-2 is a betacoronavirus, like MERS-CoV and SARS-CoV. The Coronavirus SARS-CoV-2 causes the Coronavirus Disease 2019 (COVID-19). Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It is spread mainly through close contact from person-to-person (inside 6 feet), by way of airborne transmission of respiratory droplets produced when an infected person coughs, sneezes, or talks.

Science is evolving: for now must consider breathing, coughing, sneezing

SIGNS & SYMPTOMS OF COVID-19

COVID-19 can affect each person differently, with symptoms ranging from mild to severe. COVID-19 symptoms may appear 2-14 days after exposure to the virus. Employers and employees need to be able to recognize the most common COVID-19 signs and symptoms. Stay home if you are sick or experiencing any of these:

- Signs of COVID-19 include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face.
- Common symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

COVID-19 CAN BE DEADLY

People of any age with the following conditions are at increased risk of severe illness from COVID-19: chronic kidney disease; COPD (chronic obstructive pulmonary disease); immunocompromised state (weakened immune system) from solid organ transplant; obesity (body mass index [BMI] of 40 or higher); serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; sickle cell disease; type 2 diabetes mellitus).

PRE-SYMPTOMATIC & ASYMPTOMATIC PERSONS CAN TRANSMIT COVID-19

There are indications that some infected people may not exhibit signs or symptoms of COVID-19. There is emerging evidence that pre-symptomatic (SARS-CoV-2 detected before symptom onset) and asymptomatic people (SARS-CoV-2 detected but symptoms never develop) can unknowingly spread COVID 19 to others.

WORK PRACTICES & CONTROL MEASURES

Employees are required to self-report symptoms and may be required to participate in pre-shift screening for signs and symptoms of COVID-19.

Employees or other persons known or suspected to be infected with SARS-CoV-2 virus are prohibited from reporting to or remaining at the work site or engaging in work at a customer or client location until cleared for return to work.

Avoid physical contact with others (maintaining a distance of at least 6 feet from employees, customers and other individuals) utilize cloth face masks or coverings or appropriate PPE (surgical/medical masks or N95 respirator) whenever 6 feet distancing cannot be achieved and/or maintained on work-sites; to include vehicles.

WORKPLACE HYGIENE

Wash hands frequently with soap and water for at least 20 seconds, if soap and water are not immediately available, use alcohol-based hand sanitizer that contains at least 60 % alcohol and rub hands until they are completely dry.

Ensure appropriate respiratory etiquette, cover coughs and sneezes.

Avoid touching your eyes, nose, or mouth (face in general) with unwashed hands.

SANITATION & DISINFECTION PROCEDURES

Ensure that frequently touched work tools, equipment, vehicles, and contracted equipment is routinely cleaned and disinfected. Cleaning can be achieved utilizing soap and water. Disinfecting can be achieved utilizing substances approved by OSHA and sourced from the EPA's "N" List, or bleach intended for disinfection and has a sodium hypochlorite concentration of 5%-6%.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov2-covid-19>

PHYSICAL DISTANCING

The County has posted signage and visual cues throughout buildings including common areas which promote proper occupancy of the space, physical distancing, washing/hand sanitizing, and the cleaning and disinfecting of hard surfaces

Individual departments have worked to decrease worksite density
Controlled access measures are in place in several buildings

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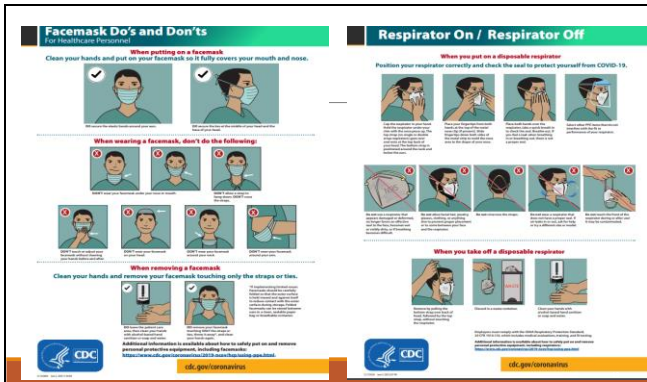
Personal Protective Equipment

The state requires all employees to wear a face covering, clinical mask, or respirator if indicated dependent upon their hazard exposure level.

The County will provide masks to employees and customers upon request.



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ANTI-DISCRIMINATION PROVISION UNDER THE STANDARD

No person shall discharge or in any way discriminate against an employee because the employee has:

- Exercised rights under the safety and health provisions of this standard Title 40.1 of the Code of Virginia, and implementing regulations under 16VAC25-60-110 for themselves or others.
- Voluntarily provided and wears their own personal protective equipment, provided that the PPE does not create a greater hazard to the employee, or create a serious hazard for other employees.
- Raised a reasonable concern about infection control related to the SARS-CoV-2 virus and COVID-19 disease to the employer, other employees, or a government agency, or to the public such as through print, online, social, or any other media.
- See §16VAC25-60-110 for requirements concerning discharge or discipline of an employee who has refused to complete an assigned task because of a reasonable fear of injury or death.

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TELEWORK

- Work at home allowed, subject to
 - Supervisor's permission
 - Not available to all employees
 - Other conditions
- Workplace rules still apply
- Liability, safety
- Agreements required per Appendix D

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For Questions & Additional Information

- A current edition of the County's Emergency Action Plan is posted on the County's web site
- All employees are required to confirm receipt of the training
- Please contact your supervisor if you have questions

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RECAP

- Purpose/Goals
- Emergency Action Plan
- Regulatory Compliance
- Telework Policy
- Training Requirement/Certification Documents

Please return certificates of training to Tillie Strothers via your supervisor.

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